



N o v a I n V i t r o F e r t i l i z a t i o n

Release of Medical Information

To: _____
(Location of your prior treatment)

- Please forward a copy of my medical records
(In Vitro Fertilization, Oocyte Donation, Gestational Surrogacy, FSH Ovarian Stimulation, Laparoscopy, Hysteroscopy, Laparotomy, Sonohysterography, Hormonal Tests, Hepatitis B-Surface Antigen, Hepatitis C-Antibody, HIV I & II, HTLV I & II, RPR and Semen Tests only)
- Please forward my Hysterosalpingogram X-rays films
- Please forward a copy of my pathogen tests
(Hepatitis B-Surface Antigen, Hepatitis C-Antibody, HIV I & II, HTLV I & II and RPR only)

To: Richard Schmidt, M.D.

Nova In Vitro Fertilization (NOVA)
2500 Hospital Drive, Building 7
Mountain View, CA 94040

Phone: 650-325-NOVA (6682)
Fax: 650-968-NOVA (6682) – [please note - if the fax is over 50 pages, fax to 650-887-1600]
Email: nova@novaivf.com

Please forward my records/hysterosalpingogram as soon as possible.

Patient Name (Please print) _____

Other Name(s) _____

Date of Birth _____

Patient Signature _____ Date: _____