



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:  
Francis Polansky, M.D.  
Richard Schmidt, M.D.

Nova In Vitro Fertilization  
1681 El Camino Real  
Palo Alto, CA 94306

Phone: 650-322-0500  
Fax: 650-322-5404  
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: \_\_\_\_\_