obgyn specialists

A division of Obstetrics & Gynecology Associates

OBSTETRICS AND GYNECOLOGY SPECIALIST, P.A.
FERTILITY TREATMENT RELEASE OF INFORMATION

I authorize the release of all medical information and test results relating to fertility management to my partner/spouse. I understand that Obstetrics and Gynecology Specialists cannot order nor be responsible for my spouse/partner's tests without this release.

I, _____, authorize release of information to

_____.

_____ _____
Patient's Signature Date

I, _____, authorize release of information to

_____.

_____ _____
Spouse/Partner's Signature Date