

-JFG-

JARRETT FERTILITY GROUP

BUILDING FAMILIES SINCE 1985

Authorization of Release of Information to Jarrett Fertility Group

Date _____

Patient Information:

_____ Name

_____ Date of Birth

_____ Address

_____ City, State, Zip code

_____ Phone (Including Area Code)

I request the following medical records:

_____ Entire Patient Record

_____ Office Notes/Physician Dictation

_____ Surgery Op/Path Reports

_____ X-Ray Imaging Films and/or Reports

_____ Lab Results

_____ Other

be released from:

_____ MD and/or Clinic where treated

_____ Address

_____ City, State and Zip Code

_____ Phone (Including Area Code)

_____ Fax (if available)

To Jarrett Fertility Group for the specific date(s) of service: _____

needed by Dr. John Jarrett by _____

Patient Signature: _____ Date: _____

NORTH 11725 Illinois Street, Suite 515 • Carmel, IN 46032 • Phone 317.814.4110 • Toll Free 888.674.0101 • Fax 317.814.4114

WEST 1111 Ronald Reagan Parkway, Suite • C-1100 Avon, IN 46123 • Phone 317.217.2525 • Toll Free 888.674.0101 • Fax 317.217.2535

SOUTH 8051 S. Emerson Avenue, Suite 410 • Indianapolis, IN 46237 • Phone 317.888.1242 • Toll Free 800.944.4743 • Fax 317.888.1557

www.jarrettfertility.com