



Release of Medical Information

To: _____

(Location of your prior treatment)

Please forward a copy of my medical records for:

- All FSH results
- All LH results
- All estradiol (estrogen, E₂) results
- All AMH (Anti-Mullerian Hormone) results
- All semen analysis results
- In Vitro Fertilization
- (Hepatitis B-Surface Antigen, Hepatitis B-Core Antibody IgG, Hepatitis B-Core Antibody IgM, Hepatitis C-Antibody, HIV I&II, HTLV I&II, RPR, CMV, Chlamydia, and Gonorrhea)

Please forward my records as soon as possible to:

Francis Polansky, M.D.
Bay IVF
1681 El Camino Real
Palo Alto, CA 94306

Phone: 650-322-0500
Fax: 650-322-5404
Email: care@BayIVF.com

Patient name (please print) _____

Other name(s) _____

Date of birth _____

Patient signature _____ Date _____