

THE CENTER FOR HUMAN REPRODUCTION
The Institute for Fertility Preservation

Founder - Dr. Kutluk Oktay
21 East 69TH Street, New York, NY 10021

AUTHORIZATION TO TRANSFER MEDICAL RECORDS

I hereby authorize the Center for Reproductive Medicine and Infertility to furnish medical information concerning _____ to:

Dr. Kutluk Oktay
Center for Human Reproduction
Institute for Fertility Preservation
21 E. 69th Street
New York, NY 10021
Fax: (212) 994-4499
Phone: (212) 994-4400

Please provide:

- A complete copy of my entire medical record, from front cover to back cover;
- Including, but not limited to, daily embryology worksheets, estradiol and all other hormone levels before and after egg retrieval;
- Printouts of any and all of my electronic medical records;
- Any records of lab work related to me performed at CRMI Endocrine Laboratories.

Any and all information should be released, except as specifically detailed below:

This authorization is effective now and will remain in effect for 1 year from the date below unless revoked by me earlier.

Signature _____ Date: _____