

Authorization for Release of Medical Records

I hereby authorization my physician, _____,
to release my medical records to Dr. James G. Donahue.

- Entire chart Operative Notes
- Admission Summary Lab Results
- Discharge Summary Social History
- Psychiatric Evaluation IVF Flow Sheet and Embryo Lab Records
- Other

Check one for the office you would like for your records to be sent to.

Dr. James G. Donahue
5128 E. Stop 11 Rd.
Suite 38
Indianapolis, In 46237
317-865-0411 Phone
317-859-3815 Fax

Dr. James G. Donahue
8435 Clearvista Pl.
Suite 104
Indianapolis, In 46256
317-595-3665 Phone
317-595-3666 Fax

Signature

Date

Print Name