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USCFertility.org

PERMIT FOR RELEASE OF MEDICAL INFORMATION

TO: _____

I give my permission for you to release all of my medical records to:

USC FERTILITY
Richard J. Paulson, MD
Kristin Bendikson, MD
Karine Chung, MD
Sami Jabara, MD
Aline Ketefian, MD
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Los Angeles, CA 90017
Tel: 213-975-9990 Fax: 213-975-9997

Patient's Name: _____

Date of Birth: _____

Dates of Treatment: _____

Signature: _____

Date: _____

Witness: _____