Medical Record Release Form

To request a copy (or copies*) of your medical record please complete this form and include the required information.

Medical records are mailed to a patient within seven (7) to ten (10) business days from the date of receipt of this completed request form. **The first copy of a patient's medical record is released free of charge.**
*** A fee of 25 cents per page, payable in advance, is charged for additional copies.**

Questions? Please contact the Medical Records Department. Phone (781) 674-1202 • Fax (781) 674-1520

Date__________ Patient Name ____________________________ Patient Signature ___________________________________

Date of Birth _____/_____/_______ (MM DD YYYY) Social Security # ____

Partner/Spouse Name __________________________________ Signature ____

Date of Birth _____/_____/_______ (MM DD YYYY) Social Security # ____

Where shall we send your first medical record copy for which there is no fee? CHECK ONE BOX BELOW.

We recommend that you have your medical record sent to your address and that you make any additional copies as needed for your other physicians.

☐ **To my address** **OR** ☐ **To my physician's office**

Patient Address: _________________________________

City ____

State _____________________

Zip Code ___________________

Physician Name ______________________________

Address: ____________________________________

City _______________________________________

State ________________ Zip Code _______________

Fax Number _____________________________________

Reason for Request ____

Note: RSC cannot release records sent to RSC from another doctor's office.

Please check box(es) below to indicate records you are requesting.

☐ Correspondence ☐ Daily Ultrasound ☐ Embryology Documents ☐ OB Ultrasound ☐ Stim Grid

☐ Progress Notes ☐ Semen Analysis

Lab Results

☐ Patient's infectious disease testing (HIV, HepB, HepC, RPR, blood type)

☐ Patient's Genetic Testing ☐ Patient's Rubella ☐ Patient's Varicella

☐ Partner/Spouse infectious disease testing (HIV, HepB, HepC, RPR, blood type)

☐ Partner/Spouse Genetic Testing

1 Forbes Road, Lexington, MA 02421 • Main Number (781) 674-1200
Medical Records Department (781) 674-1202 • Fax (781) 674-1520 • Form available online at www.rscnewengland.com