Robert A. Kaufmann, M.D.
Fort Worth Fertility, PA
1800 Mistletoe Blvd.
Ft. Worth, TX 76104
Phone: 817-348-8145
Fax: 817-348-8264

REQUEST FOR MEDICAL INFORMATION

TO: ________________________ PATIENT: ________________________
Name of Hospital or Physician Print or Type

________________________ DATE: ___________________________
Street Address

____
City, State, ZIP Code

Dear Doctor:
I authorize you to forward medical information in your records regarding my evaluation/treatment to the physician office listed below. Please forward this information as promptly as possible. Thank you for your assistance.

Sincerely,

____
Patient Signature (Please include maiden name or any other name used)

______________________ ________________________
Birth Date Social Security #

Please include the following specific information:

Date of Treatment ____________________________________
Special Reports Physician notes and dictations ______________
Other Conditions _____________________________________

Send records to: Fort Worth Fertility
1800 Mistletoe Blvd.
Fort Worth, Texas 76104