Embryo Donation International

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Requesting Records To Send To EDI

Patient Identifying & Contact Information (Please print clearly):

Name: _____ Date of Birth: _____/_____/_____
Address: _____ Home Phone: (____) _____-_____
City: _____ Cell Phone: (____) _____-_____
State: _____ Zip: _____ Work Phone: (____) _____-_____
Country _____ E-mail: _____

Requesting Medical Records Sent To EDI Via ❒Mail or ❒Fax *From*:

Facility/Name: _____
Address: _____ Work Phone: (____) _____-_____
City: _____ Fax: (____) _____-_____
State: _____ Zip: _____ Country Code: _____
Country _____ Contact: _____

Types of Medical Records To Be Sent (Check Those That Apply):

❒Entire Record Which Includes, But Is Not Necessarily Limited To all Listed Below (or check separately):

❒ History & Physical Exam	❒ Surgical Reports	❒ Outside Laboratory Results
❒ Progress Notes	❒ Pathology Reports	❒ Internal Lab Reports
❒ Summary of Care	❒ Discharge Summary	❒ Ultrasound Reports
❒ Sexually Transmitted Disease Results Including Acquired Immunodeficiency Syndrome (AIDS) and/or Human Immunodeficiency Virus (HIV)		
❒ Behavioral or Mental Health Services and/or Treatment for Alcohol and/or Drug Abuse		
❒ Records for other physicians: Names:		

Please Send My Medical Records To:

Embryo Donation International, P.L
12611 World Plaza Lane, Building 53
Fort Myers, Florida 33907, USA
Fax: (239) 275-5914

Please DO NOT send this release to EDI!

Please DO send this release to your previous medical providor.

We request that all records be available for review at least two weeks prior to your scheduled discusion.

Signature: _____ Date: _____/____/____ Request Expires: _____/____/____