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FERTILITY CENTER
OF DALLAS

J. Michael Putman, M.D., PA & Associates

J. Michael Putman, M.D.

Lilly Zhang, Ph.D.

Reproductive Endocrinology and Infertility
Advanced Gynecologic Endoscopy

REQUEST FOR RELEASE OF MEDICAL RECORDS

_____ _____ _____ _____
Patient's Name D.O.B. Social Security#

to/from (circle):_____
Physician/Person Requesting Records

_____
Address

_____
City State Zip

_____
Recipient office and fax number

I hereby request that my medical records be released to/from
J. Michael Putman, M.D.

_____/_____/_____
Signature of Patient: Date:

3900 Junius St., Ste., 610 Dallas, Texas 75246 214.823.2692 214.887.8244 fax
1207 Arista Dr., Ste. IOI Rockwall, Texas 75032 972.771.2692 214.887.8244 fax