



**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