



# ReproMed Fertility Center ANIL PINTO, M.D, P.A

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Dallas, TX 75204  
214-827-8777  
214-827-8622 (fax)

## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Date: \_\_\_\_\_

I hereby authorize: \_\_\_\_\_

- To Send:
- Full Medical records
  - Lab Results \_\_\_\_\_
  - Surgical/ Hospital Records
  - All Records
  - Other: \_\_\_\_\_

- Reason for Request:
- Medical Care
  - Consult
  - Second opinion
  - Change of Insurance
  - Change of residence
  - Other: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Husband Name: \_\_\_\_\_

Please send my records to: Anil Pinto, MD  
3800 San Jacinto  
Dallas, TX 75204

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Husband's Signature: \_\_\_\_\_

Date: \_\_\_\_\_