



Christiana Care Medical Center: Phone 302.623.4242
4735 Ogletown-Stanton Road - Medical Arts Pavilion 2, Suite 3217
Newark, DE 19713 - Fax 302.623.4241

Eden Hill Medical Center: Phone 302.674.1390
200 Banning Street, Suite 240 - Dover, DE 19904
Fax 302.674.5979

North Wilmington: Phone 302.478.8000
2700 Silverside Rd. - Suite 2A - Wilmington, DE 19810
Fax: 302-478-8077

www.reproductiveassociates.org

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Dear Dr. _____,

I have an appointment scheduled with Reproductive Associates of Delaware on _____ . Please send a copy of my complete medical record to the address below.

Patient Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Phone: (Cell) – (Home) – (Other): _____

RELEASE MEDICAL RECORDS TO:

**Reproductive Associates of Delaware
4735 Stanton-Ogletown Rd Suite 3217 MAP 2
Newark, DE 19713**

If preferred, records can be faxed to 302-623-4241 or emailed to miracles@ivf-de.org if in pdf format.

Signature of Patient: _____

Date: _____