NATION WIDE
Egg Donation + Surrogacy
3313 W. Cherry Lane #538, Meridian, ID 83642
Telephone:(208) 695-6644 Fax: (888) 883-1595

MEDICAL RECORD RELEASE OF INFORMATION & REQUEST

I, hereby request that all of my medical records pertaining to any pregnancies that I have had, terminated, or carried to term be provided to the above named agency.

I hereby authorize the release of the above information from my record(s). I understand that the information to be released from my record(s) are confidential and protected from disclosure. I also understand that my consent for release of information will expire (1) year from the date of this release if not acted upon prior to that time. A copy of this medical release may be used in lieu of an original.

Dated: _____

_____ _____
Signature Date of Birth

_____
Name Printed

Address: _____