



Patient Information Release Request Form

I, _____ (please print name) give full consent so that _____ (practitioner) may consult freely with physicians and other healthcare professionals (whose care I am under) regarding any of my medical treatments or relevant information. This could include the exchange of both verbal and written communications (including lab work).

The following is an authorization to provide 'practitioner' with the following information:

- All recent lab work results
- All medical records
- All semen tests
- Other: _____

Medical Services Plan (MSP) #:

I am nineteen years of age or older:

- Yes
- No

Client/Patient Signature: _____

Date: _____

Thank-you for your prompt attention to this request. If you have any questions, please feel free to contact us at info@yinstill.com