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Authorization for release of medical information

I hereby authorize Sonja Kristiansen, M.D. and staff to release information/results, verbal and/or written, regarding testing or diagnosis related to infertility to my spouse.

_____, date of birth _____.
Print Spouse's Name

I hereby release you, your physician and employees from liability for following this authorization and request.

Signature

Witness

Print Name

Date

Date of Birth

Date