The Center for Advanced Reproductive Services
Fax Referral Form

Date of Referral: ______________

All **Referrals** are to be **faxed** to one of the numbers below:

(860) 838-6481 **Farmington Office** – 2 Batterson Park Rd, Farmington, CT 06032 * (844) HOPEIVF
Dr. Nulsen Dr. Benadiva Dr. Schmidt Dr. Engmann

(860) 525-1930 **Hartford Office** – 100 Retreat Ave, Suite 900 Hartford, CT 06106 * (860) 525-8283
Dr. Engmann Dr. DiLuigi

(860) 525-1930 **New London Office** – 4 Shaws Cove, Suite 201, New London 06320 * (877) 860-8044
Dr. Engmann Dr. DiLuigi

Referring MD: ______________________ MD Phone #: ______________ Fax #: ______________

Patient Name: ______________________ DOB: ______________ Medic #: ______________

Do you wish us to contact her for an appointment: Yes No

Patient Phone No.: (1) ______________ Times to call: ______________

Patient Phone No.: (2) ______________ Times to call: ______________

Patient being referred for the following reason: IVF Infertility

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PLEASE FAX PATIENT RECORDS ALONG WITH THIS REFERRAL REQUEST. APPOINTMENTS WILL BE MADE AFTER RECORDS ARE RECEIVED.

AUTHORIZATION

I hereby authorize release of my own record, including AIDS/HIV +, sickle cell anemia, psychiatric, drug abuse and / or alcohol related information if applicable. In an emergency situation, I hereby authorize the release of my medical records by facsimile.

SIGNATURE: ______________________________ DATE: ______________

I understand that I may revoke this authorization to release information at any time by giving written notice. However, I understand that any information released prior to my revoking this authorization shall be a breach of my right to confidentiality.

PROHIBITION ON REDISCLOSURE: This information has been disclosed from records whose confidentiality is protected by Federal and State law. Regulations prohibit making any further disclosure of this information except without the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is NOT sufficient for this purpose. Regulations state that any person who violates any provision of this law shall be fined not more than $500.00 in the case of the first offense and not more than $500.00 in the case of each subsequent offense.

PLEASE BE SURE ALL AREAS ARE COMPLETED BEFORE FAXING

ARS Internal use only

Appointment was made by: ______________ on __________ with ______________________, MD.

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