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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.

Print Spouse's Name	, date of birth
I hereby release the physician and the sauthorization and request.	nd employees from liability for following
Signature	Witness
Print Name	
Date of Birth	
 Date	