

**KENNY R. SINERVO, MD FRCSC LLC**  
*Center for Endometriosis Care*



*A COEMIG-Designated Center of Excellence in Minimally Invasive Gynecologic Surgery*  
*A Center of Expertise in Endometriosis*

6105 Peachtree Dunwoody Road | Building B, Suite 230 | Atlanta, GA 30328  
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**Ken R. Sinervo, MD, MSc, FRCSC, ACGE, Medical Director**

**Robert B. Albee, Jr., MD, FACOG, ACGE, Founder**

**Nicholas Kongoasa, MD, FACOG, Associate**

**To the Patient:** to request release of your medical records and information TO our Center FROM your current or past physicians, please complete and return it TO those providers from whom you wish to obtain your records. **Please note; you may also be required to complete each provider's individual release forms and are responsible for any fees associated with your request.**

**To the Provider:** your kind assistance with the facilitation of this records release is greatly appreciated.

**Patient Information**

**Dear Healthcare Provider:** On behalf of Kenny R. Sinervo, MD, FRCSC, LLC/the Center for Endometriosis Care, we respectfully request the release of Medical Record(s) on behalf of the above-named patient.

**Information Requested:** All office records for the past one (1) year AND if/where applicable, ANY/ALL pelvic surgery findings, pathology, operative notes, photos, imaging and diagnostic results.

**Restrictions and/or Exclusions (if any):** Discs & films not needed. ***Written findings only.***

**Purpose of Release:** Surgical consult.

**Please kindly release to us records on this patient's behalf to the following address:**

*Kenny R. Sinervo, MD, FRCSC, LLC | Center for Endometriosis Care*  
**KEN SINERVO MD, MSC, FRCSC, ACGE, MEDICAL DIRECTOR**  
6105 Peachtree Dunwoody Road | Building B, Suite 230 | Atlanta, GA 30328  
TOLL FREE PHONE (866) 733-5540 | FAX (770) 913-0005

Name of person completing this form and relationship, if other than patient:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Heather Guidone, Program Director

**THANK YOU FOR YOUR KIND ASSISTANCE.**

Dear Provider(s): We **greatly appreciate** your kind courtesy and support on behalf of your above-named patient. ***Please make a copy of this release for your records. Thank you.***