



Marwan M. Shaykh, M.D., F.A.C.O.G.

JACKSONVILLE

3627 University Blvd. South Suite 450.
Jacksonville, FL 32216
Ph 904.398.1473

ORLANDO

752 Stirling Center Place #1008
Lake Mary, FL 32746
Ph 407.493.7765

1.800.777.IVF1 ● FAX 904.399.3436 ● www.assistedfertility.org

Dear Patient,

Please be advised that this will be the only copy of your medical records that you will receive at no charge. If additional copies are requested, please note that there will be a fee of \$1.00 per page for the first 25 pages and then \$0.25 per additional page.

Also, please fill out the portion below, and fax or mail back to my office.

Patient Name _____

Signature _____ Date _____

If you have any questions, please do not hesitate to contact my office.

Sincerely,
Marwan Shaykh, M.D.