

Hamilton Medical Arts
2501 Kuser Road
Hamilton, NJ 08691
609-585-8800



Lawrence Executive Center
3120 Princeton Pike
Lawrenceville, NJ 08648
609-219-1000



**The Suite for Women's Imaging
Record Release Form**

I, _____, (DOB: _____) authorize
the release of my records

FROM: _____
(Facility Name)

TO: **Radiology Affiliates Imaging**

INFORMATION REQUESTED:

For Office Use Only:	
Called in Film Request:	
_____	_____
Date	Initials
Films picked up by:	
_____	_____
Date	Initials
Patient Scheduled for: _____	
_____	_____
Date	Initials

X _____
(Patient/Guardian Signature)

(Print Name)

(Contact Number)

(Date)