

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



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

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

FROM: \_\_\_\_\_  
(Facility Name)

TO: **Radiology Affiliates Imaging**

INFORMATION REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_

<b>For Office Use Only:</b>	
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)