Radiology Affiliates Imaging / CHAI
Hamilton Location
2501 Kuser Road
Hamilton, NJ 08691
609-585-8800- Phone

Radiology Affiliates Imaging
Lawrenceville Location
3120 Princeton Pike
Lawrenceville NJ 08648
609-585-8800- Phone

MINOR SCHEDULING RELEASE FORM

I _____ parent/guardian of _____ permit all necessary forms to be
(Parent/Guardian Name) **(Patient Name)**

released and signed by my child's chaperone, _____. This permission is allowed ONLY for date of
(Chaperone's Full Name)

service on _____. By signing this form I also understand that the legal guardian/parent must be present if
(DD/MM/YYYY)

my child is receiving an MRI or CT IV injection.

By completing and signing this form I am granting permission to the Chaperone listed who is 18 years of age or older. This person will have my child's prescription and insurance card as well as their photo ID at the time of service. I understand that if this form is not signed or the patient arrives without one of the items listed, my child will need to be rescheduled to a different date, time or location.

Should you have any questions about this form please contact Radiology Affiliates Imaging at 609-585-8800, option 1. Please bring this completed form with you on the date of service or fax back to 609-585-1825 (if faxing form please confirm the receipt of this form by calling (609) 585-8800).

Parent or Guardian Full Name (please print): _____

Parent or Guardian Signature: _____

Patient Full Name: _____ DOB: _____

Patient Chaperone Full Name (must be 18yrs or older): _____

Today's Date (DD/MM/YYYY): _____

For Walk-In Appointments or Verbal Authorizations

Reception must make a copy of the Chaperone's ID and obtain the following information:

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Phone: _____

Chaperone's Full Name: _____

Chaperone's Relationship to Patient: _____

Chaperone's Phone: _____

Employee Name: _____ Date: _____