



RAI Lawrenceville
3120 Princeton Pike
Lawrenceville, NJ 08648
609-585-8800

RAI/CHAI Hamilton
2501 Kuser Road
Hamilton, NJ 08691
609-585-8800

I _____ authorize Radiology Affiliates of Central
(Last Name, First Name)

New Jersey, P.C. to release requested report(s) for _____
to the following consulting physician(s) listed below: (Patient's Last Name, Patient's First Name) (Patient's Date of Birth)

TYPE(S) OF STUDY: _____

DATE(S) OF STUDY: _____

PHYSICIAN'S NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

PHYSICIAN'S NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

(Patient's signature/if other than patient; state relationship)

(Date)