



In order to offer you the best quality of patient care we need to obtain a CD, Radiology report of all prior MRI scans and any other medical record pertaining to your treatment. By doing this our Radiologist will be able to do a comparison reading. This will also enable all images to be stored in one location with your other medical records. In addition, once your prior images are imported into our system your Neurologist will have immediate access to the images in his or her office.

Facility: \_\_\_\_\_ Phone/Fax # \_\_\_\_\_

Medical Records Requested: \_\_\_\_\_

Approximate Date of Service: \_\_\_\_\_

I hereby authorize and request the release of all MRI images on CD, Radiology report and any other medical records requested to:

**Please mail CD/fax records to:**

First Choice Neurology  
4601 Ponce De León Blvd, Suite 100  
Coral Gables, FL 33146  
Phone: 786-219-3145  
Fax: 786-219-3155

Patient Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Account Number: \_\_\_\_\_ SSN \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

