CONFIDENTIAL RECORDS RELEASE

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
9090 SW 87th Court Suite 201
Phone: 786-219-3145
Fax: 786-219-3155

Patient Name_____ Date of Birth: _____

Account Number: _____

Patient Signature: _____

Witness_____

Date_____