



"As OPEN As It Gets"

1215 Route 70 West, Suite 1003
Lakewood, NJ
732-730-7262

MEDICAL RELEASE FORM

Patient name: _____ Date of Birth: _____

Type of Scan(s): _____ Date of Scan: _____

I am hereby authorized the following doctors/attorney's permission to my finalized report for **TODAY'S EXAMS ONLY.**

Please release the following report to the following doctors/attorney's:

Doctor Name:	
Address:	
Phone #	
Fax #	

Attorney Name:	
Address:	
Phone #	
Fax #	

Patient/Guardian Signature: _____ Date: _____