



CARE STAFF MEMBER: \_\_\_\_\_

DATE FAXED: \_\_\_\_\_



8903 GLADES ROAD SUITE H1

BOCA RATON, FL 33434

PHONE: 561-361-7872 FAX: 561-361-7873

### MEDICAL RECORDS RELEASE AUTHORIZATION FORM

\*\* BY SIGNING THIS FORM THE PATIENT LISTED BELOW GIVES FULL MEDICAL RELEASE AUTHORIZATION TO THEIR PRIOR FACILITY LISTED BELOW TO RELEASE ANY/ALL MEDICAL RECORDS TO CARE DIAGNOSTICS.\*\*

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

MAY BE UNDER OTHER OR MAIDEN NAME: \_\_\_\_\_

PRIOR FACILITY NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**REQUESTING: UP TO 5 YEARS OF BREAST RELATED RECORDS**

BREAST RELATED RECORDS INCLUDE

- MAMMOGRAMs      -BIOPSYs
  - ULTRASOUNDS      -MRIs
  - PATHOLOGY -ER/ PR/ HER2/ FISH ANALYSIS
- ETC.



**PLEASE SEND IMAGES VIA POWERSHARE & FAX REPORTS!!!!**



**PLEASE SEND STAT!!**

OR

**\*\* IF POWERSHARE UNAVAILABLE-- PLEASE MAIL STAT!! \*\***

**\*\* MUST INCLUDE THE PRINTED REPORTS & IMAGES ON CD (DICOM FORMAT) \*\***

**\*\* DO NOT MAIL ENCRYPTED OR PASSWORD PROTECTED CDs! \*\***

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IT IS THE PATIENT'S FULL RESPONSIBILITY TO CONTACT OUR FACILITY TO FOLLOW UP ON THE CURRENT STATUS OF THEIR PENDING MEDICAL RECORDS MAIL IN REQUEST IF IT TAKES LONGER THAN 2 WEEKS TO RECEIVE. (INCASE RE-REQUEST IS NEEDED)