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T: 732.497.1200
F: 844.622.3084
MeridianImaging.com

RECORDS RELEASE AUTHORIZATION

TRANSFER FROM

DOCTOR / HOSPITAL

ADDRESS

PHONE

FAX

TRANSFER TO

Meridian Imaging
 27 South Cooks Bridge Rd Suite 1-6
 Jackson NJ 08527

Phone: 732.497.1200
 Fax: 844.622.3084

TO BE COMPLETED BY MERIDIAN IMAGING STAFF

- REPORT CD FILM
- PICKED UP BY COURIER PICKED UP BY PATIENT MAIL TO MERIDIAN PLEASE FAX

I hereby authorize and request you to release my complete records in your possession concerning my illness and/or treatment.

Patient's Name: _____ DOB: _____

Address: _____

Type of exam: _____

Patient's Signature: _____ Date: _____