Radiology Ltd.

Radiology Ltd. Medical Records
6516 E. Carondelet Dr. Bldg. C, Tucson, AZ 85710
Phone: (520) 545-1822 | Fax (520) 326-7989

## MEDICAL RECORD RELEASE OF HEALTH INFORMATION AUTHORIZATION FORM

I hereby authorize Radiology Ltd. to obtain any or all of my outside medical records for the purpose of comparison and /or assisting in the interpretation of my procedure(s). A photocopy or electronic transmittal of this signed release form shall be considered as effective and valid as the original. I understand that the films and filed report(s) are the property of Radiology Ltd. and will only be released to authorized requesters.

Patient Name: _____ Date of Birth: _____

Alias Name: _____

Patient Signature: _____ Date: _____
(Valid for only one year)

Exams Needed: _____

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**If you have any questions or need additional information,**
**please contact us at: (520) 545-1822 or fax us at: (520) 326-7989.**