assured IMAGING | a Rezolut company

Assured Imaging
Office Headquarters:
7717 N. Hartman Lane, Tucson, AZ 85743
Phone: 888.233.6121 Fax: 520.572.7138

Attn: _____ Fax: _____ Date: _____

Patient Name:_____ AKA:_____
PRINTED OTHER NAMES USED – FIRST OR LAST

Patient DOB:_____

CONSENT TO RELEASE OF MEDICAL RECORDS:

I, _____ hereby give my permission to release any of my prior/future medical records:

☒ To Assured Imaging AND/OR ☒ From Assured Imaging

NOTE: All previous or prior records and images relating to the procedure being done by Assured Imaging will need to be obtained and submitted prior to the time of the exam. As the patient, I understand the importance of securing these prior records and will make all reasonable efforts to obtain them. I also understand that if no previous related exams and records are provided, my current exam will be interpreted and evaluated as a first time procedure. I also understand the copies of my medical records may be mailed or faxed. I release Assured Imaging from all liability for the handling of my medical records.

In the event that you (the patient) request your films, a CD of your images, or a copy of your report and are unable to pick them up, please list two (2) other persons you authorize to pick up.

1st Person: _____ **2nd Person:** _____

X_____ Date: _____ **X** _____ Date: _____
Patient/Parent/Legal Guardian Signature **Witness Signature**

Please send the above patient's imaging and reports to:

Assured Imaging Women's Wellness, LLC
Attn: Medical Records
7717 N. Hartman Lane
Tucson, AZ 85743

If you find you do not have imaging for this patient, please contact our Medical Records department:
Phone: 888.233.6121 or Fax: 520.572.7138