Women's Center For Radiology | SOLIS Mammography

MEDICAL RECORDS
1621 N. Mills Ave
Orlando, FL 32803
Phone: 407-841-0822
Fax: 407-841-0411
www.wcrorlando.com

RECORD RELEASE FORM

TO: WOMEN'S CENTER FOR RADIOLOGY

1621 N Mills Ave
Orlando, FL 32803
Attn: MEDICAL RECORDS
407-841-0822 ext. 131 / Fax 407-841-0411

This is to authorize the transfer of my medical records to the below named facility.

Please check mark what you would like transferred: __ Reports __Images

Send To:

_____

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Fax #:_____

PATIENT NAME: _____ DOB: _____

MAIDEN NAME: _____

SIGNATURE: _____ **DATE: _____**

FAX signed release to 407-841-0411

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