GRIFFIN IMAGING

220 Rock Street

Griffin, GA 30224

(770) 229-4660

Fax: (770) 229-4632

Specializing In High Field MRI, CT, Ultrasound & Bone Density Scans
www.griffinimagingradiology.com

RECORD RELEASE FORM

I hereby request and authorize Griffin Imaging, LLC to obtain copies of my medical records and/or x-ray films from _____.

Patient Name: _____

Date of Birth: _____

SSN: _____

Pt Acct #: _____

Exam: _____

Date of Service:_____

Referring Phys.:_____

Please fax any and all records pertaining to the above listed date of service and exam to Griffin Imaging, Attention: Dr. Ronald C. Gay at (770) 229-4632.

_____
Patient Signature

_____
Date

_____
Witness

_____
Date