



MINK RADIOLOGIC IMAGING

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310-358-2100 Phone
3100-358-2101 Fax

Record Release Authorization

I _____ hereby authorize and request you
to release my medical information to:

Name of practice: _____

Physician: _____

Address: _____

Phone: (____) _____

Fax: (____) _____

Signature of Patient

Date

PLEASE FAX REQUEST BACK TO 310-358-2101 OR 310-358-2131