



RADIOLOGY ASSOCIATES OF HARTFORD, P.C.

Location:

Avon
860-409-1952

Enfield
860-714-9410

Glastonbury
860-714-9710

FILM REQUEST-RECORD RELEASE

Films requested: _____ Date requested: _____

Patient: _____ Patient #: _____

Send to: _____

Date Sent: _____ Sent Via: _____

I hereby request permission to have my x-rays released to the above:

I am aware that these films are part of my permanent record and it is my responsibility to return them within 30 days.

Patient signature: _____ Date: _____

Employee's signature: _____ Date: _____

- 35 Nod Road · Suite 101 · Avon, CT 06001 · (860) 409-1952 · FAX (860) 409-1942
- 9 Cranbrook Blvd. · Suite 102 · Enfield, CT 06082 · (860) 714-9410 · FAX (860) 714-9409
- 31 Sycamore Street · Suite 102 · Glastonbury, CT 06033 · (860) 714-9710 · FAX (860) 714-8185

Please visit our website for additional information regarding any procedure www.rahxray.com