



RADIOLOGY ASSOCIATES of HARTFORD, P.C.

Avon • 35 Nod Road
Enfield • 9 Cranbrook Blvd
Glastonbury • 31 Sycamore Street

Phone: (860) 969-6400

Fax: (860) 714-8808

Film Request-Record Release

Films requested: _____

_____ Date requested: _____

Patient name: _____ Patient #: _____

Send to: _____

Avon
35 Nod Road Suite 101
Avon, CT 06001

Enfield
9 Cranbrook Boulevard Suite 102
Enfield, CT 06082

Glastonbury
31 Sycamore Street Suite 102
Glastonbury, CT 06033

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: _____