



11717 West 112th Street, Overland Park, KS 66211
913.469.8998 (phone)
913.469.5695 (fax)

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient Name: Previous Name (if different):
Date of Birth: Medical Records # (if known):
Address: Phone Number:

Table with 3 columns: Records requested, Exam(s) Needed, Date of Exam. Includes radio button options for Reports, Images, Billing, All.

Notes:

- I hereby authorize Element Medical Imaging to release the requested medical records to the following facility/physician:
I hereby authorize you to release the requested medical records to Element Medical Imaging.

Patient or legally authorized representative Signature:
Relationship to patient:
Date:

- I will be picking up my images from the following EMI site (mark one)
Overland Park, Lee's Summit, Liberty
11717 West 112th St., 3210 NE Carnegie Dr., 9778 North Ash Ave.

Return this form via:

FAX 913.469.5695 E-Mail medicalrecords@elementimaging.com mail to address above