



A Woman's Place

Today's Technology...
Yesterday's Care and Concern

1660 Medical Blvd, Suite 100 & 300, Naples, FL 34110 · Ph. 239.513.0053 · Fax 239.596.0900

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Physician Name: _____

I request and
Authorize:

- Naples Diagnostic Imaging Services
Fax (239) 593-4219
 - Radiology Regional
Fax (239) 275-6455
 - Premier Women's Imaging
Fax (866) 831-1047
 - Physicians Regional Medical Center
Fax (239) 304-5126 Pine Ridge
Fax (239) 354-6110 Collier Blvd
 - Other: _____
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To release healthcare information of the patient named above to:

A Woman's Place
1660 Medical Blvd. Suite #300
Naples, FL 34110
Ph. 239.513.0053 · Fax 239.596.0900

REQUEST FOR ALL MAMMOGRAPHY IMAGES ON CD ONLY

Patient Signature: _____ Date Signed: _____