Advanced Shore Imaging Associates
2605 Shore Road
Suites 101 & 201
Northfield NJ 08225

Diagnostic Study Release Form

I do hereby authorize Advanced Shore Imaging to disclose/request information from my medical record relating to my diagnostic study. I understand that this consent will serve as a complete release of liability to Advanced Shore Imaging and its employees for the release of information/films/CD.

I authorize Advanced Shore Imaging to release/request:

- ☐ **Copies of my reports**
  ****Please fax report as soon as possible to 609-377-8249***

- ☐ **Please mail CD to:**
  Advanced Shore Imaging Associates
  2605 Shore Road, Suite 101
  Northfield, NJ 08225

- ☐ **ASIA will pick-up CD at (location): _____**

Exam type and/or dates_____

Patient Name_____DOB_____

X_____ _____

Patient Signature **Date**

_____

Witness