

# COLMAR IMAGING MRI CENTER

*Bucks-Mont Imaging Associates, P.C.*

## RELEASE OF RECORDS

I, \_\_\_\_\_ hereby authorize Colmar Imaging MRI  
to send/fax my MRI results to \_\_\_\_\_.  
Date of service \_\_\_\_\_.  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Rad# \_\_\_\_\_