



TopLine MD Alliance

**Diagnostic Center of Miami**  
7500 SW 87 Ave, Ste 100 Miami, FL  
P: 305-740-5100 • F: 305-596-0606  
dxcentermiami.com



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**Midtown Women's Center**  
2751 North Miami Ave, Ste 4 Miami, FL  
P: 786-375-6600 • F: 305-573-0186  
midtownwomenscenter.com



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**Pembroke Pink Imaging**  
15735 Pines Blvd Pembroke Pines, FL  
P: 954-517-1725 • F: 954-517-1729  
pembrokepink.com



TopLine MD Alliance

**Care Diagnostics**  
8903 Glades Rd, Suite H-1  
Boca Raton, FL  
P: 561-361-7872 • F: 561-361-7873  
carediagnostics.com

## Medical Records Release Form

Patient Name: \_\_\_\_\_ Other name(s) used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Prior Imaging Facility Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**REQUESTING: UP TO 5 YEARS OF BREAST RELATED RECORDS STAT!!**

**➡ PLEASE SEND IMAGES VIA POWERSHARE & FAX REPORTS STAT!!!! ⬅**

**If Powershare or Portal Link Unavailable:** Please mail and fax reports to the following location:

### **ATTENTION: MEDICAL RECORDS DEPARTMENT**

☐ **Diagnostic Center of Miami**  
7500 SW 87th Avenue, Suite 100  
Miami, FL 33173-5426  
Fax (305) 596-4960

☐ **Pembroke Pink Imaging**  
15735 Pines Blvd  
Pembroke Pines, FL 33027  
Fax (954) 517-1729

☐ **Midtown Women's Center**  
2751 North Miami Ave, Suite 4  
Miami, FL 33127  
Fax (305) 573-0186

☐ **Care Diagnostics**  
8903 Glades Road, Suite H-1  
Boca Raton, FL 33434  
Fax (561) 361-7873

I hereby authorize the release of the above-mentioned medical records.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IT IS THE PATIENT'S FULL RESPONSIBILITY TO CONTACT OUR FACILITY TO FOLLOW UP ON THE CURRENT STATUS OF THEIR PENDING MEDICAL RECORDS REQUEST, IF ARRIVAL TAKES LONGER THAN 2 WEEKS TO RECEIVE (IN CASE RE-REQUEST IS NEEDED).

NOTICE: THIS MESSAGE IS CONFIDENTIAL INTENDED FOR THE NAMED RECIPIENT(S) AND MAY CONTAIN INFORMATION THAT IS (i) PROPRIETARY TO SENDER AND/OR (ii) PRIVILEGED, CONFIDENTIAL AND/OR OTHERWISE EXCEPT FROM DISCLOSURE UNDER APPLICABLE FLORIDA AND FEDERAL LAW, INCLUDING, BUT NOT LIMITED TO, PRIVACY STANDARDS IMPOSED PURSUANT TO THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA"). RECEIPT BY ANYONE OTHER THAN THE NAME RECIPIENT(S) IS NOT A WAIVER OF ANY APPLICABLE PRIVILEGE. THANK YOU IN ADVANCE FOR YOUR COMPLIANCE WITH THIS NOTICE.