



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



TopLine MD Alliance

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



TopLine MD Alliance

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: _____ Date: _____

Date of Birth: _____ Patient Phone: _____

I would like to request the following records:

Reports of : _____

Images of: _____

Date these procedures were performed: _____

Nuance Power Share images, if possible, please provide up to 2-3 years of prior images if available and fax corresponding reports.

Please mail or fax these records to the following location:

ATTENTION: FILM LIBRARIAN

☐ **Diagnostic Center of Miami**
7500 SW 87th Avenue, Suite 100
Miami, FL 33173-5426
Fax (305) 596-4960
Fax (786) 477-5940 *(for Suite 200 Only)*

☐ **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: _____