



**Diagnostic Center of Miami**  
 7500 SW 87 Ave, Ste 100 Miami, FL  
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 dxcentermiami.com



**Midtown Women's Center**  
 2751 North Miami Ave, Ste 4 Miami, FL  
 P: 786-375-6600 • F: 305-573-0186  
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**Pembroke Pink Imaging**  
 15735 Pines Blvd Pembroke Pines, FL  
 P: 954-517-1725 • F: 954-517-1729  
 pembrokepink.com



**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: \_\_\_\_\_

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: \_\_\_\_\_