



172 Kinsley Street, Nashua, NH 03061
RADIOLOGY DEPARTMENT - (603) 595-3071

Authorization to Release Medical Information

Patient Name: _____

DOB: _____ SSN: _____

To: Dr: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____

Please forward my original chart/records to:

**St. Joseph Hospital
Radiology Film Library Department
172 Kinsley Street
Nashua, NH 03060
Phone: 603-882-3000 x67100
Fax: 603-578-5051**

Requested by Dr. _____

Discharge Summary

Lab Reports

History and Physical

Doctor's Orders

Operative Reports

Progress Reports

Consultation Reports

Radiology Films Listed:

It is understood that patient records are protected under Federal (42 CFR Part 2) and State confidentiality regulations, and cannot be released or disclosed without written consent. It is understood that this consent expires ninety (90) days subsequent to the signing of this release, unless specifically specified for a shorter or longer period of time, not to exceed up to one hundred and eighty (180) days.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____