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TRADING AS

MILPARK RADIOLOGY INCORPORATED

DIAGNOSTIC RADIOLOGISTS

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CONSENT TO RELEASE MY RADIOLOGY RECORDS

I, _____ ID number: _____ hereby give consent to

Milpark Radiology Incorporated to release my radiology images and reports to _____

Email address of the recipient: _____

I take full responsibility for the use of my radiology records shared with the above-mentioned doctor/radiology/hospital.

Milpark Radiology Incorporated will NOT be held liable for the illegal use of these radiology records.

Signed at _____ on the _____ day of _____ 20____

Patient signature: _____

(In my personal capacity)

Doctors:

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