

MILPARK RADIOLOGY INCORPORATED

DIAGNOSTIC RADIOLOGISTS

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Company registration number: 1994/007215/21

Practice number: 038 000039 9973

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)

Radiologists:

Dr A. D. Sacks [M.B.B.CH., F.F. Rad (D) S.A.]

Dr A. Khota [M.B.B.CH., F.C. Rad (D) S.A.]

Dr B. Crawford [M.B.B.CH., F.C. Rad (D) S.A.]

Dr I. Ferreira [BSc. (Physio) M.B.B.CH., F.C. Rad (D) S.A.]

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