



BRIGHT LIGHT RADIOLOGY

31 S Arlington Heights Road

Elk Grove Village, IL 60007

Phone: (847) 439-2315 Fax: (847) 439-3935

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I hereby request the release of my medical records
to be sent to ***Bright Light Radiology.***

Type of Exam:

Mammogram (including Breast Ultrasound)

MRI CT Ultrasound X-ray All exams

Other _____

Date of exam:

Any dates Specific date(s) _____

Requesting From (Which medical facility should send your records):

Facility Name: _____

Address: _____

City/State _____ Zip _____

Patient Information:

Patient Name: (Print) _____

Date of Birth: _____

Patient Signature: _____ Date: _____

Patient Phone Number: _____