



AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION (PATERSON)

Patient's Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Patient's First Name: \_\_\_\_\_ Former Name (if applicable): \_\_\_\_\_  
PID (input by Pink) \_\_\_\_\_ Patient Phone: \_\_\_\_\_

I request and authorize the following medical facility (check one only):

- St. Joseph's Regional Medical Center** / 703 Main St, Paterson \_\_\_ T: 973.754.2655 F: 973.754.2694
- St. Joseph's Imaging Center** / 1135 Broad St # 3, Clifton \_\_\_\_\_ T: 973.569.6300 F: 973.754.2694
- Allwood Imaging** / 914 Clifton Avenue, Clifton \_\_\_\_\_ T: 973.777.5022 F: 973.594.4769
- Diagnostic Imaging of Clifton** / 1115 Clifton Ave #1, Clifton \_\_\_\_\_ T: 973.777-4222 F: 973.777.0702
- Diagnostic Radiology Assoc.** / 1339 Broad St, Clifton \_\_\_\_\_ T: 973.778.9600 F: 973.778.4846
- St. Joseph's Wayne Hospital** / 224 Hamburg Turnpike, Wayne \_\_\_ T: 973.956.3312 F: 973.389.4020
- University Imaging** / 246 Hamburg Turnpike, Wayne \_\_\_\_\_ T: 973.942.2266 F: 973.970.7397
- Medical Park Imaging** / 330 Ratzer Road #A6A, Wayne \_\_\_\_\_ T: 973.696.5770 F: 973.633.1204
- Fair Lawn Diagnostic** / 19-04 Fair Lawn Ave, Fair Lawn \_\_\_\_\_ T: 201.794.3132 F: 201.794.6291
- St. Mary's Hospital** / 350 Boulevard, Passaic \_\_\_\_\_ T: 973.365.4450 F: 973.916.2033
- Hackensack Univ. Medical Center** / 30 Prospect, Hackensack \_\_\_ T: 201.966.2960 F: 201.525.0843
- Teaneck Radiology** / 699 Teaneck Road #105, Teaneck \_\_\_\_\_ T: 201.836.2500 F: 201.836.7921

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

To release the following healthcare information for the purpose of comparison to my newer studies to:

- Pink Breast Center  
680 Broadway / Suite 111 / Paterson, NJ 07514  
Phone: 973.977.6662 Fax: 973.341.1128

This request and authorization apply to:

- Mammogram Films and Reports
- Ultrasound Films and Reports
- Biopsy Reports (if applicable)
- Bone Density Reports (if applicable)

Patient\* Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\*or Legal Guardian and/or Authorized Representative