



## Medical Records Request

Requesting Party	
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Name of Organization	
Mailing address	
Address line 2	
City	
State/Zip Code	
Phone	
Fax/Email	

Patient	
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Patient Name (last, first)	
Date of birth	
Date of exam	
MRI(s) (i.e. lumbar, knee, etc)	

Requested items	Quantity	Cost	Totals
MRI Report (\$10)		x \$10 =	
Billing information (\$10)		x \$10 =	
CD of images (\$10)		x \$10 =	
Mail Records and/or CD (\$10)		x \$10 =	
Fax or Email Records (\$0)		x \$0 =	

Amt Owed:

Mail (1) invoice, (2) check, and (3) release to:

Make check to "First Look MRI Braselton".

**First Look MRI Braselton**  
**1980 Friendship Rd, Suite 102,**  
**Hoschton, GA 30548**

To pay by credit card, email this completed form to [info@firstlookmri.com](mailto:info@firstlookmri.com) and call 470-639-1262.