Park Avenue Radiologists

525 Park Ave. at 61st St. New York, N.Y. 10065
TEL:212-888-1000 FAX:212-888-0594
www.parkavenueradiologists.com
information@parkavenueradiologists.com

MARC LIEBESKIND, MD
NEIL GOLDBERG, MD
AMY LIEBESKIND, MD

PAUL B. ROLEN, MD
ZEVA HERMAN, MD

PATIENT NAME_____DATE_____/_____/_____TIME:____:_____

Request For Medical Records

Sir/Madam:
Thank you for your inquiry to the medical records department at Park Avenue Radiologists, PC . Please refer to the list below for further action needed on your part to fulfill your request.

☐The requested records are on file. Upon receipt of $ _____The report/films will be forwarded. See reverse side of this letter for detailed information.

☐A written release signed and dated by the patient/ or guardian authorizing the release of the patient's records is required. Please complete the attached release and send to:

Park Avenue Radiologists, PC
ATTN: Medical Records
525 Park Avenue
New York, NY 10021

☐Our records indicate that the original films were sent to the referring physician. Copies are not maintained. A copy of the written report is available. See the reverse side of this letter for details. A written release signed and dated by the patient/ or guardian authorizing the release of the patient's records is required.

☐A search of our files indicate that we have no record of the above referenced patient on that date of service provided or for the study requested. If you have any additional information please contact our office.

If you have any additional questions please call our Medical Records Department at 212-888-1000 EXT 1540 . Our hours are 8AM – 6PM.

Sincerely,

Park Avenue Radiologists, PC
Medical Records Department

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Request For Medical Records

Requests for medical records must be accompanied by a written authorization to release records signed and dated by the patient or guardian, if the patient is a minor.

The fee for duplicating records are as follows;

MRI films $100 CT films $100 Radiology reports(*) $.75 per page

*There is $5 service fee to cover the cost of research, handling and postage.

Checks / Money Orders should be made payable to Park Avenue Radiologists, PC.

For your convenience we also accept
Visa / Mastercard / Discover and American Express.

Please complete the following information

○VISA ○MATERCARD ○DISCOVER ○AMEX

Credit Card Number _____

Expiration Date _____/_____/_____

Signature of Cardholder _____ _____/_____/_____
Signature Date

Name on Credit Card _____

Address of Cardholder _____ _____
Street Address Apt#

_____
City

_____
State

_____
Zip