



Imaging

Medical Records
7900 Fannin St. Ste. 1500
Houston, TX 77054-2900
Phone: 713-512-7646
Fax: 713-512-7037

Medicalrecords@priviacimaging.com

AUTHORIZATION TO REQUEST MEDICAL RECORDS

Patient Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Request my radiology images and reports:

Name of Facility

Phone Number

Street Address

City, State, Zip Code

TYPE OF EXAM: Mammogram Breast Ultrasound Pelvic Ultrasound
 OB Ultrasound Bone Density All other ultrasounds

EXPIRATION DATE: This authorization will expire on: (date or event) _____.
(If no date or event is stated, expiration is one year from signature date)

Please send all records to:

**Privia Gulf Coast Imaging
ATTN: Medical Records
7900 Fannin St., Suite 1500
Houston, TX 77054-2900
Fax #: 713-512-7037**

Patient Signature

Date