Stephen J. Zabinski, MD
John R. McCloskey, MD
Gene J. DeMorat, MD
Richard B. Islinger, MD
Thomas A. Barrett, MD
Stanley C. Marczyk, MD
Frederick G. Dalzell, MD
Damon A. Greene, MD
James P. Doran, MD
Charles N. Krome, DO
Ira M. Fox, DPM
Ted C. Lai, DPM

REQUEST FOR X-RAY COPIES (CDS)

Fill out this form and return it to:

Shore Orthopaedic University Associates
24 MacArthur Blvd
Somers Point, NJ 08244
ATTN: X-Ray Department

PATIENT NAME: _____ DOB: _____

ADDRESS: _____

PATIENT AUTHORIZATION:
I hereby authorize my medical x-ray records to be released

Patient Signature: _____ Date: _____
(Patient, Guardian or Authorized Representative)

Questions: Shore Orthopaedic X-Ray Dept. 609-927-1991 ext. 109