Stephen J. Zabinski, 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 FAAOS
Ted C. Lai, DPM
James P. Doran, MD
Marc J. Lamb, MD
Andrew S. Glass, MD FACS
Charles N. Krome, DO
Ira M. Fox, 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

Specific date or date range to be released: _____

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

Date: _____

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