



**MONUMENT-9A**  
Imaging & Diagnostic Center

1201 Monument Road, Suite 101  
Jacksonville, Florida, 32225  
Phone 904-855-0700  
Fax 904-855-0739  
MonumentImaging.com

**CONSENT TO RELEASE MEDICAL INFORMATION**  
(Optional)

WE REALIZE THERE ARE TIMES YOU MAY WISH OTHER FAMILY AND FRIENDS TO INQUIRE ABOUT YOUR APPOINTMENTS, OR TO HAVE YOUR MEDICAL INFORMATION. PLEASE LIST ANYONE YOU WISH TO HAVE ACCESS TO YOUR RECORDS SUCH AS DISCS AND/OR REPORTS. WE WILL NOT RELEASE INFORMATION TO SPOUSE OR CHILDREN UNLESS THEY ARE LISTED HERE. WE REQUIRE A SIGNED RELEASE BY YOU FOR ANYONE WANTING TO ACCESS YOUR RECORDS; OTHER THAN THE INSURANCE COMPANIES.

CONSENT TO RELEASE: NAME AND RELATIONSHIP

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I acknowledge that I have read and fully understand the information contained above. Therefore, I hereby authorize Monument 9A Imaging and Diagnostic Center to release all information that I have designated as being approved. I also understand that if at any time I would like to revoke these permissions it is my responsibility to notify the office for which I have received treatment.

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Signature of Patient or Guardian/Representative

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Date

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Print name of Patient

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Date of Birth