

29550 Detroit Road, Suite 203 Westlake, Ohio 44145 Phone: 216.870.2218

 $Website:\ www.pandgerporting.com$

DOCTOR/HOSPITAL/CLI	NIC:	
ADDRESS		
CITY	STATE	ZIP CODE
PATIENT INFO:		
PATIENT NAME		
DATE OF BIRTH	S	SN
DATES OF SERVICE (Required 6	even if DOB to Present)	
		RADIOLOGY FILMS
I hereby authorize all document		-
P&G REPORTING, LLC, 2	29550 DETROIT ROAD, SUITE 203	3, WESTLAKE, OHIO 44145
correspondence, billing statemed and amounts written off), compand their interpretations, tissue relating to or arising out of or in tests and observations to the reacknowledge that this may include	ents (which reflect amounts sub plete charts, photographs, x-ray and other tangible things now connection with any and all of cipient named above for all ser ude treatment for physical and noses. This authorization does r	nd all documents, papers, books, omitted, amounts accepted as full payment, s, and their interpretations, pathology slides in your possession or under your control, the hospitalization, care, treatment, studies, vices rendered. I understand and mental illness, alcohol and drug abuse, and/or not include permission to release outpatient
HIPAA PROVISIONS		
thereon. I understand that I can management department. Th	n only revoke this authorization is authorization and consent nderstand that authorizing the o	except to the extent that action has been taken in writing presented to the health information will expire in one year from the date of the disclosure of this health information is voluntary
*Psychotherapy notes are note kept separately from the rest of		, group, of family counseling sessions that are
Patient Signature/Guardian		 Date

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