



Stephen J. Zabinski, MD
Gene J. DeMorat, MD
George C. Alber, MD
Stanley C. Marczyk, MD
Damon A. Greene, MD
Charles N. Krome, DO
Ted C. Lai, DPM

John R. McCloskey, MD
Richard B. Islinger, MD
Thomas A. Barrett, MD
Frederick G. Dalzell, MD
James P. Doran, MD
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

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

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

SHORE ORTHOPAEDIC UNIVERSITY ASSOCIATES

24 MacArthur Blvd, Somers Point, NJ 08244
18 E. Jimmie Leeds Rd, Galloway, NJ 08205
9 Stites Ave, Cape May Court House, NJ 08210
1173 Beacon Ave. Ste B, Manahawkin, NJ 08050
609-927-1991 SHOREORTHODOCS.COM