



**RADIOLOGY ASSOCIATES OF OCALA, P.A.**

[www.raocala.com](http://www.raocala.com)

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Ocala, Florida 34478-6200  
Phone: 352-671-4300  
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**Medical Imaging Center**  
1490 S.E. Magnolia Extension

**Medical Imaging Center at Windsor Oaks**  
1901 S.E. 18th Avenue, Building 200A

**Women's Imaging Center**  
1901 S.E. 18th Avenue, Building 200

**TimberRidge Imaging Center**  
9521 S.W. Highway 200

**Center for Vascular Health**  
(352) 671-4252



**Services**

- Breast Aspiration
- Breast MRI
- Breast Needle Localization
- Breast Ultrasound
- Cardiac Scoring
- CT (CAT Scan)
- CT Angiography (CTA)
- CT Enterography
- Low Dose CT Lung Screening
- DEXA (Bone Densitometry)
- 3D Mammography™ Exams
- Fluoroscopy
- MRA (Magnetic Resonance Angiography)
- MRI
- MRI Enterography
- Nuclear Medicine Bone Scan
- Nuclear Medicine DaTscan
- Nuclear Medicine Gallium Scan
- Nuclear Medicine Gastric Emptying Scan
- Nuclear Medicine Hepatobiliary/Gallbladder Scan
- Nuclear Medicine Liver/Spleen Scan
- Nuclear Medicine Parathyroid Scan
- Nuclear Medicine Thyroid Scan
- Open MRI
- PET/CT
- Stereotactic Breast Biopsy
- Ultrasound
- Ultrasound-Guided Breast Biopsy
- X-Ray



*All physicians are certified by the American Board of Radiology*

To Whom It May Concern:

We are in receipt of your request for medical records for your client and will process your request as quickly as possible.

Patient privacy is of utmost importance to our organizations. Therefore, before we can release any information it is very important that your client complete the appropriate release of medical information forms. Once completed, please mail the forms to "Legal" at the address provided below along with a cover letter that includes the name of the person in your firm responsible for receiving your client's medical records. When the notarized form(s) arrive at our office we will forward all requested medical records to the person noted in your cover letter.

Please note that there are three (3) separate forms that might apply to your request. Unless your client is certain that he/she knows at which facility his/her imaging services were provided it is highly recommend that your client complete all three release forms to avoid any delay in processing your request. The three forms are necessary due to the fact that each entity providing imaging services to patients has a separate and distinct tax identification number; therefore, each is a separate provider of services.

All forms must be **completed in their entirety**. Please be sure to include the following information:

1. The individual company authorization form(s). All releases must contain the date or dates services were provided as well as a list of the specific information being requested (i.e. bills, reports, CDs, or all)
2. An original signature of the patient or the patient's legal guardian. If an executor of an estate is signing for a deceased patient, a copy of the executorship documents must be included.
3. Each release should be dated and properly notarized.

**Mail to: Legal, PO Box 6200, Ocala, FL 34478-6200**

If you have any questions, please do not hesitate to contact our department at (352) 671-4333.