



advanced imaging • radiation oncology
diagnostic radiology • women's imaging

Alfred Rosenbaum, MD. Stanley Rosenfeld, MD.
Ayala Rosenbaum, MD. Mark Pinals, MD.

ROSETTA RADIOLOGY
1421 THIRD AVENUE, (between 80th & 81st Street)
NEW YORK, N.Y. 10028
www.RosettaRadiology.com

APPOINTMENT TIME	PROCEDURE	NP/OP
PLEASE PRINT		DATE _____

PATIENT NAME _____

STREET ADDRESS _____ APT# _____ DATE OF BIRTH: _____

CITY, STATE, ZIP _____ HOME# _____

WORK# _____

CELL# _____

INSURANCE PLAN: _____

ID#: _____

POLICY HOLDER IF OTHER THAN PATIENT _____

RELATIONSHIP TO PATIENT: _____

STREET ADDRESS _____ APT# _____ DATE OF BIRTH: _____

CITY, STATE, ZIP _____ HOME#: _____

REFERRING DRS NAME & ADDRESS _____

OTHER TO RECEIVE REPORTS: DR _____

STREET ADDRESS, CITY, STATE, ZIP _____

DR _____

STREET ADDRESS, CITY, STATE, ZIP _____

I authorize the release of any medical or other information necessary to process this claim. I agree to pay for all medical services rendered, including all bills not covered by my insurance. I authorize payment of medical benefits to the above listed physicians.

As required by HIPPA we will use your medical records only for treatment, and healthcare operations.

Signed _____ Date _____