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Date: _____

Attn: Records and/or Radiology Departments

Please release the following images and copies of the reports (**CD preferable with paper reports**). If patient has had more than one study, please send the most recent 2-3 years.

Type of Exam

Patient's Name

DOB

Patient's Signature

Thank you very much for your time and cooperation. We will promptly return all films as soon as our comparison is made. If you need any further information, please contact our office.

Diplomates of the American Board of Radiology
Brent Price, MD
Aaron Goodrum, MD
Sree-Lalitha Degala, MD