



PEACH PLAZA MEDICAL ARTS CENTER  
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Avenel, NJ 07001  
Phone: (732) 574-8999  
Fax: (732) 574-3488

DEAR PATIENT:

THE STAFF OF MRI OF WOODBRIDGE WILL PROVIDE YOU WITH A COPY OF YOUR PATIENT RIGHTS.

YES, I WOULD LIKE A COPY \_\_\_\_\_

NO, I DO NOT WANT A COPY \_\_\_\_\_

ADVANCE MEDICAL DIRECTIVES (LIVING WILL)

YES, I DO HAVE AN ADVANCE MEDICAL DIRECTIVE \_\_\_\_\_

NO, I DO NOT HAVE AN ADVANCE MEDICAL DIRECTIVE \_\_\_\_\_

THE STAFF OF MRI OF WOODBRIDGE WILL MAKE EVERY EFFORT TO HONOR THE ADVANCE MEDICAL DIRECTIVE REQUESTED BY OUR PATIENTS UPON VALIDATION.

TO MRI OF WOODBRIDGE:

PLEASE RELEASE THE MRI REPORT TO:

\_\_\_\_\_ THE REFERRING PHYSICIAN ONLY. CONTACT ME BEFORE RELEASING THE REPORT TO ANY OTHER PHYSICIAN.

\_\_\_\_\_ ANY PHYSICIAN REQUESTING THE REPORT FROM MY EXAM.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_