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FAX (718) 846-8684
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KISSENA RADIOLOGY(KRA)
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FLUSHING, NY 11355
(CORNER OF MAIN STREET)
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FAX (347) 438-1600
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THYROID/BREAST BIOPSY
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SERVING NEW YORK CITY COMMUNITY'S IMAGING NEEDS SINCE 1955 (RHR) WITH ADDITIONAL OFFICE (KRA) SINCE 2007.
OUR FACILITIES ARE FULLY ACCREDITED BY ACR/FDA/IAC USING DIGITAL TECHNOLOGY AND BOARD CERTIFIED RADIOLOGISTS.
WEN Y. WANG, MD, DABR (Director) ~ MERITA BANIA, MD, DABR ~ DAVID BRAUNSTEIN, MD, DABR ~ HAROLD TANENBAUM, MD, DABR

Authorization For Treatment of A Minor Child Unaccompanied By Parent or Legal Guardian

A parent or legal guardian must accompany a child younger than 18 years of age to consent for all medical and/diagnostic testing provided by Richmond Hill Radiology, PC. Please complete this form if your child will be coming for a diagnostic test and or procedure, without a parent or legal guardian. This consent is valid for date of exam only.

Minor Patient Name:_____

Address:_____City:_____State:___Zip:_____

Date of Birth: _____ Telephone: _____

I authorize: _____ _____
Name accompanying adult **Relationship to Patient**

I give my consent for medical treatment by Richmond Hill Radiology, PC on behalf of my minor child. The above-named individual(s) may also receive test results and additional information pertinent to the care and treatment of this minor child. (Authorized person MUST present a valid picture ID during registration)

Parent/Legal Guardian Name:_____

Parent/Legal Guardian Signature:_____ Date:_____

Phone number (in case of emergency):_____

I, the undersigned certify that I (or my dependent) have insurance coverage with (name of insurance company):_____
And assign directly to Dr. Wang/Richmond Hill Radiology, all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

_____ _____ _____
Responsible Party Signature Relationship Date