



**SAND LAKE
IMAGING**

Your Choice. The Clear Choice.

A Clear Understanding For Our Patients To Choose Sand Lake Imaging

Know Your Options

Did you know that as a patient, you can choose where your doctor refers you for radiology needs? Here at Sand Lake Imaging, we want you to know your options because many patients are unaware of this choice. Hospital systems are corporations looking to keep patients within their business. Doctor's referrals are considered a vital source of revenue and in some cases, they are pressured to refer internally, which may not be your best fit. This is why it is vital that you understand your options. One option available to all patients is the option to be referred to an Independent radiology facility, as they offer many benefits.

Significantly More Cost Effective

One of the benefits that independent radiology facilities offer is that they often cost much less than hospitals. Independent radiology facilities have lower costs due to fewer administrative costs that hospitals must cover, so these charges tend to roll over to the patient's bill. Hospitals also have the power to negotiate with insurance companies, attaining higher rates. Combined, these two added costs can nearly double the price of a procedure at a hospital. By choosing an independent radiology facility, your insurance company will pay less, meaning lower premiums for you.

At Your Convenience

Independent radiology facilities offer more convenient hours that cater to your life. Here at Sand Lake Imaging, we offer evening and 7-days-a-week appointments to make scheduling easier than ever. Our goal is to make your experience as worry-free as possible not only with schedules

but also upon arrival. We have easy suburban commutes and no confusing parking ramps. Instead, you only have a quick walk from your parking space.

Specialization Means Personal Care

Independent radiology facilities offer discipline-specific care, which means our radiologists are experts in this area of medicine. At Sand Lake Imaging, we specialize in diagnostic radiology with a large focus on Women's Imaging. Nationally accredited as a Breast Imaging Center of Excellence, we put a large focus on providing a variety of exams, including biopsies, MRIs, and mammograms. 3-D Hologic Digital Tomosyntheses, dubbed 3-D Mammography, is life-saving technology; it contributes to a much higher early detection rate with clearer images in a shorter procedure. We also provide Orlando's best MRIs for breasts and three kinds of breast biopsies.

Exceeding Your Expectations

Our specialization is not our limit. For men and women alike, we provide many different screenings and procedures.

Some Procedures we perform include:

- Interventional Radiology procedures including biopsies, anthograms, and aspirations.
- Diagnostic Imaging scans like x-rays, 64-slice CT scans, and 3T MRIs.
- Nuclear Medicine Imaging, a screening option which uses trace amounts of radioactive material. These scans cover a wide range of procedures from a full skeletal scan to gastrointestinal (GI) scan.

As a free-standing, outpatient radiology facility, we are able to we provide all diagnostic radiology services with your insurance plan, making your radiology needs as cost effective as possible. We provide convenient hours of operation and are open 7 days a week to meet your scheduling needs.

Our radiology specialists provide the best care and best experience.

Choose Sand Lake Imaging for all your radiology needs and make it your choice; the CLEAR choice.

Use the reverse of this form to authorize the release of your health information to Sand Lake Imaging.

COST EFFECTIVE | CONVENIENT | COMPASSIONATE

ORLANDO | MAITLAND Ph: 407.363.2772 Fax: 407.447.9966

LADY LAKE Ph: 352.753.2660 Fax: 352.753.2259

MEDICAL RECORDS Fax: 407.472.1350

www.sandlakeimaging.com





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Authorization to Release Health Information

Authorization Information

I, the undersigned, authorize Sand Lake Imaging to release/request my health information as noted below:

All Sections must be complete in order for this request to be processed.

Patient Information:

MRN: _____ To be completed by office.

Patient Full Name: _____ Previous Name (Maiden): _____

Patient Address: _____ D.O.B. _____

City: _____ State: _____ Zip: _____ Phone: _____

Release Information From:

Name/Facility: _____ Attention/Contact: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Purpose of Request: Personal Treatment Legal Transfer/Reason

This is to authorize the transfer of my medical records to the below named imaging facility. **Please send to:**

SLI - Turkey Lake

9350 Turkey Lake Road
Orlando, FL 32819

SLI-Lady Lake

809 CR 466, Unit 400
Lady Lake, FL 32159

SLI - Maitland

1640 N. Maitland Avenue
Maitland, FL 32751

Requested Records and Transfer Method

Media requested: Films CD (Preferred) Reports Pathology Others

Exams: Diagnostic X-Ray Mammogram Ultrasound MRI CT PET

Date of Service: _____

FOR INTERNAL USE ONLY

Records Called for: Yes No

Date: _____

Transfer via (as checked) Mail Pick Up

Contact/Person: _____

Person Picking Up: _____

Signature of Parent or Legal Guardian: _____

Date: _____

(Required for all patients under the age of 18 unless allowed by law. If not the parent, legal representation documentation must be supplied)

If signed by Patient's representative please provide description of Authority: _____

Patient's Signature: _____

Date: _____

**THIS IS A PERMANENT TRANSFER
IF FURTHER INFORMATION IS NEEDED, PLEASE CALL 407.363.2772 • FAX 407.447.9966**

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