

REQUEST FOR IMAGES & RECORDS

Today's Date: _____

Patient's Name: _____

Patient's DOB: _____

Phone #: _____

Chart/MR#: _____

Patient is requesting the following: (Check ONE only)

Reports

Films

Report & Films

CD

Report & CD

Records to be:

Picked up by patient

Shipped to physician/surgeon

Call facility for courier service

Shipped to patient

***Patient's appointment date with physician/surgeon:** _____

***Requested pick-up date:** _____

****Please ship to:**

Request completed by: _____

Date/Time: _____

Patient/Courier Signature: _____

Date: _____

****Fees for shipments other than via regular mail will require patient's credit card information for charges****

Credit Card #: _____

Exp. Date: _____