



FILM AND REPORT REQUEST FORM

I am requesting the following Radiologist's Report CD Film
(Please check all that apply)

Request may faxed to:

GCM Suburban Imaging: 301-897-7333 Rockville: 301-762-2259
Chevy Chase: 301-907-0340

Patient Name: _____

Patient Date of Birth: _____ Home Telephone: _____

Work Telephone: _____ Cell Phone: _____

Type of Exam: _____ Date: _____

Type of Exam: _____ Date: _____

Type of Exam: _____ Date: _____

We require 24 hour notice to process your request. If you are local we ask that you pick up your Films/CD directly from our offices. Thank you

PLEASE CHECK ONE OF THE DELIVERY OPTIONS BELOW:

___1. Please send films to the following address: **(out of state only)**

___2. I will pick up my films on (Date): _____

Physician's Name _____ Phone _____

Patient _____ Relation _____

Date called _____ Time _____

Patient Signature _____ Date _____

ATTENTION ALL PATIENTS: WE WILL NOT RELEASE FILMS TO ANYONE OTHER THAN THE PATIENT UNLESS WE ARE PRESENTED WITH A SIGNED LETTER FROM THE PATIENT AND AN ID FROM THE DESIGNATED PERSON.

Patients Please Note: Other than to your physician(s), reports are mailed to your verified address on file. Results may be faxed to your personal fax number only with a verified signed request form matching your signature on file. If results are to be released to someone other than you, a signed request from you stating to whom the records may be released is required. A photo ID of the named patient representative will be required prior to the release of your information. There is no charge for the first copy of your exam(s). A fee is charged for additional copies.

Patient Signature _____ **Date** _____