

MRN \_\_\_\_\_

LAST NAME \_\_\_\_\_

DOB \_\_\_\_\_

PICK UP DATE \_\_\_\_\_

# BrightWay Imaging

## PERMANENT RELEASE OF RADIOLOGY FILMS AND/OR REPORTS

CD

FILMS

REPORT ONLY

PATIENT NAME \_\_\_\_\_

EXAM(S) REQUESTED \_\_\_\_\_

ADDRESS OF PATIENT \_\_\_\_\_

PHONE # \_\_\_\_\_ ALTERNATE # \_\_\_\_\_

RECEIVING FACILITY \_\_\_\_\_

I UNDERSTAND THAT THESE CD/FILMS ARE COPIES AND DO NOT NEED TO BE RETURNED TO BRIGHTWAY IMAGING. THE FIRST COPY OF CD/FILMS IS FREE, BUT FOR ANY SUBSEQUENT REQUESTS OF THESE CD/FILMS THERE WILL BE A PER CD/FILM CHARGE THAT WILL BE THE PATIENT'S RESPONSIBILITY.

PATIENT'S AUTHORIZED SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF RECEIVING PARTY \_\_\_\_\_

DATE \_\_\_\_\_

ICWC STAFF \_\_\_\_\_

DATE \_\_\_\_\_

DATE SENT (IF APPLICABLE) \_\_\_\_\_ INITIALS \_\_\_\_\_

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