

CD (\$20 each – **No Cash**)       ELECTRONIC       REPORT

**Patient Name:** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

Patient MRN#: \_\_\_\_\_ Phone: \_\_\_\_\_

Requested by: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

CT MR NM PET US X-Ray | Body Part: \_\_\_\_\_ Study Date: \_\_\_\_\_

CT MR NM PET US X-Ray | Body Part: \_\_\_\_\_ Study Date: \_\_\_\_\_

CT MR NM PET US X-Ray | Body Part: \_\_\_\_\_ Study Date: \_\_\_\_\_

CT MR NM PET US X-Ray | Body Part: \_\_\_\_\_ Study Date: \_\_\_\_\_

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- Pick-Up in (circle one) :** Lucy Curci    La Quinta    Palm Springs    Date: \_\_\_\_\_
- AMBRA e-mail (patient or Dr.):** \_\_\_\_\_
- Power Share (Dr. Only):** \_\_\_\_\_
- Life Image (Dr. Only):** \_\_\_\_\_
- Fax Report To:** \_\_\_\_\_
- Mail (additional \$5 charge) to:** \_\_\_\_\_  
\_\_\_\_\_

**Request Accepted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Request Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**By my signature I authorize release of my medical records and/or diagnostic tests**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Amount Due at Time of Pickup: \$ \_\_\_\_\_

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All requests require at least 48 hours' notice for processing and preparation.**