



CD (\$30 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: _____

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.