



Patient Film/CD & Report Checkout Form

Patient called for images and will pick up _____

Patient requests images to be mailed to _____

Patient Name _____

DOB _____ MRN# _____

EXAM TYPE _____ Date of Exam _____

Who will be picking up the images? _____

Photo ID must be presented at time of release

Signature of person WFBI is releasing information to _____

Date of release _____ Relation to patient _____

Signature of WFBI employee _____

Scan form in RIS