



William Beaumont Hospital 3601 W. Thirteen Mile
Royal Oak MI 48073-6769

REQUEST/AUTHORIZATION FOR RELEASE OF IMAGES
 DIAGNOSTIC RADIOLOGY RADIOLOGY
 RADIOLOGY ONCOLOGY

SECTION 1. REQUESTOR DATA

Initiating Clerk _____
Type of Request: Requested by: _____
 Phone Patient
 In Person Physician
 Written (Attach Written Request) _____
 Other _____
Type of Release: _____
 Mail-Out (Cert. No. or Carrier Name) _____
 Pick-Up (Self)
 Pick-Up (Other - Relative/Representative) _____
(Name) _____ (Name) _____
(Relationship) _____

SECTION 2. REQUEST DATA

Date Request Received _____ Date Films to be Picked Up/Mailed Out _____ Time Films to be Picked Up _____ a.m. p.m.
Patient Name _____ Last _____ First _____ Patient Date of Birth _____
Procedure Name _____ Procedure Date _____ Patient I.D. Number _____
Requestor Phone Number _____ COPIES ONLY (Omit Section 3 below if requesting copies only)

SECTION 3. FILM RECEIPT DATA

PATIENT/REPRESENTATIVE PICK-UP		MAIL OUT TO: <input type="checkbox"/> Institution <input type="checkbox"/> Physician <input type="checkbox"/> Other _____		PHYSICIAN PICK-UP	
RECIPIENT NAME	RECIPIENT NAME	RECIPIENT NAME	RECIPIENT NAME	PHYSICIAN NAME	PHYSICIAN NAME
RECIPIENT PHONE NUMBER	RECIPIENT PHONE NUMBER	RECIPIENT PHONE NUMBER	RECIPIENT PHONE NUMBER	PHYSICIAN PHONE NUMBER	PHYSICIAN PHONE NUMBER
RECIPIENT DRIVER'S LICENSE OR SOCIAL SECURITY NO.	RECIPIENT STREET ADDRESS	RECIPIENT STREET ADDRESS	RECIPIENT CITY, STATE, ZIP	PHYSICIAN BEPPER NUMBER	PHYSICIAN BEPPER NUMBER
RECIPIENT SIGNATURE	RECIPIENT CITY, STATE, ZIP	RECIPIENT CITY, STATE, ZIP	RECIPIENT CITY, STATE, ZIP	PHYSICIAN SIGNATURE	PHYSICIAN SIGNATURE
DATE IMAGES DUE	DATE IMAGES MAILED	DATE IMAGES MAILED	DATE IMAGES DUE	DATE IMAGES DUE	DATE IMAGES DUE
WITNESSING CLERK SIGNATURE	CLERK MAILING FILMS	CLERK MAILING FILMS	CLERK MAILING FILMS	WITNESSING CLERK SIGNATURE	WITNESSING CLERK SIGNATURE

WILLIAM BEAUMONT HOSPITAL — ROYAL OAK — IMAGES LOAN POLICY

- The loan of these images is for a maximum of thirty (30) days. The individual authorizing their release is responsible for their prompt return.
 - These images are not to be loaned to a third party.
- These images are a part of this patient's permanent history at William Beaumont Hospital. It is imperative that they be returned so that an accurate record can be maintained.