

**CD AND FILM POLICY**

**Please use this form as authorization to send copies of my medical records to the following healthcare provider’s office(s):**

**Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CD & Film Policy:** Hollywood Diagnostics Center will have a copy of your report faxed to your healthcare provider, as named above, usually within 48 hours. If you require a copy of the report to besent to a second healthcare provider, such as a specialist, please provide that information as well.

Generally, your healthcare provider will only require a signed copy of the radiologist’s report. For more extensive studies, such as MRI, CT or PET/CT, your healthcare provider may request that you bring copies of the images for further evaluation. If these images are needed, please let us know. We will provide digital images on a CD at no charge to you. For other studies, such as X-rays, ultrasounds, bone density scans, or any other exams not already listed, please have your healthcare provider’s office call 954-966-3600, ext. 247, and request the images. These will be ready for pickup within 48 hours.

Patients requesting copies of images for their own use may do so in writing. Please allow 48 hours to process the request. The first copy is free and the second copy is $10. If actual films are requested, the fee is $2 per sheet.

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**PATIENT NAME (Please print) DATE**

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**SIGNATURE OF PATIENT/PARENT/LEGAL GUARDIAN**