Patient consent for Wake Radiology UNC Health Rex to obtain images

Confidentiality Notice

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Step 1 – Patient to Complete

Dear Healthcare Provider:

By signing below I give consent to Wake Radiology UNC Health Rex Healthcare to obtain any imaging and/or information regarding my medical history, symptoms, treatments, examination results or diagnosis for continuing medical care. Images will remain the property of Wake Radiology UNC Health Rex Healthcare unless indicated otherwise.

Patient Name (print) _____ Date of Birth _____

Previous Name, if applicable _____ Last 4 digits of SSN _____

Patient / Guardian Signature _____ Date _____

Step 2 – Fax to Wake Radiology UNC Health Rex

Please fax the signed consent form to the Wake Radiology UNC Health Rex office you are scheduled to visit.

Step 3 – Wake Radiology UNC Health Rex to Complete

Wake Radiology UNC Health Rex/Raleigh MRI would like to request images and reports on the above patient for comparison purposes.

Send records to the attention of _____ Exam Type _____
(Wake Radiology UNC Health Rex Employee)

Step 4 – Healthcare Provider to Send

Please send images and fax reports to the Wake Radiology UNC Health Rex office indicated below:

- ☐ **Breast Care Center** | 3100 Duraleigh Rd., #204, Raleigh, NC 27612
  Office: 919-784-6186 | Fax: 919-235-3944
- ☐ **Cary** | 300 Ashville Avenue, Cary, NC 27518
  Office: 919-233-5338 | Fax: 919- 852-3631
- ☐ **Chapel Hill** | 110 S. Estes Drive, Chapel Hill, NC 27514
  Office: 919-942-3196 | Fax: 919-933-9925
- ☐ **Fuquay-Varina** | 7636 Purfoy Rd., #200, Fuquay-Varina, NC 27526
  Office: 919-346-5828 | Fax: 919-577-9049
- ☐ **Garner** | 300 Health Park Dr., #100, Garner, NC 27529
  Office: 919-662-9500 | Fax: 919-662-2244
- ☐ **Holly Springs** | 781 Avent Ferry Road, Holly Springs, NC 27540
  Office: 919-567-6140 | Fax: 919-235-3948
- ☐ **Knightdale** | 6602 Knightdale Blvd, Knightdale, NC 27545
  Office: 919-788-1970 | Fax: 919-235-3947
- ☐ **North Hills** | 3821 Merton Drive | Raleigh, NC 27609
  Office: 919-232-4702 | Fax: 919-787-9154
- ☐ **Panther Creek** | 6715 McCrimmon Pkwy #101, Cary, NC 27519
  Office: 919-854-1923 | Fax: 919-235-3953
- ☐ **Raleigh MRI** | 3811 Merton Drive, Raleigh, NC 27609
  Office: 919-782-7666 | Fax: 919-783-6330
- ☐ **Smithfield** | 218 Venture Drive, Smithfield, NC 27577
  Office: 919-934-4534 | Fax: 919-934-4793
- ☐ **Wakefield** | 11200 Governor Manly Way, Raleigh, NC 27614
  Office: 919-570-7600 | Fax: 919-235-3943
- ☐ **Wake Forest** | 3150 Rogers Rd., #115, Wake Forest, NC 27587
  Office: 919-453-1800 | Fax: 919-453-2600
- ☐ **West Raleigh** | 4301 Lake Boone Trail, Raleigh, NC 27607
  Office: 919-781-6707 | Fax: 919-782-4782
- ☐ **Wake Radiology Medical Records**
  Office: 919-854-2179 | Fax: 919-859-0182