Patient consent for Wake Radiology UNC Health Rex to release images

Confidentiality Notice

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Step 1 – Patient to complete

By signing below I give consent to Wake Radiology UNC Health Rex to release any imaging and/or information regarding my medical history, symptoms, treatment, examination results or diagnosis for continuing medical care.

Patient name (print) _____ Date of birth _____

Previous name, if applicable _____ Last 4 digits of SSN _____ Phone number _____

Patient / Guardian signature _____ Date _____

Specify exam(s) or body part imaged _____

Step 2 – Patient to indicate where images & reports are to be sent

☐ To me via mail (CD) ☐ To me electronically (email required) _____

Mailing address _____

City _____ State _____ Zip code _____

☐ To the medical provider / Facility listed below

Provider name _____

Practice or hospital name _____

Mailing address _____

City _____ State _____ Zip code _____

Appointment Date (if one has already been scheduled) _____

Step 3 – Patient to fax to Wake Radiology UNC Health Rex

Please fax the signed consent form to Wake Radiology at 919-859-0182. Images and reports will be sent 24-48 hours after request has been received.

The patient is responsible for ensuring that the mailing address provided in section 2 is accurate. Incorrect information can cause significant delays due to returned/lost mail.