

# PATIENT CONSENT FOR WAKE RADIOLOGY 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 to obtain any imaging and/or information regarding my medical history, symptoms, treatment, examination results or diagnosis for continuing medical care. Images will remain the property of Wake Radiology unless indicated otherwise.

Patient Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Patient / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## STEP 2 - FAX TO WAKE RADIOLOGY Please fax the signed consent form to the Wake Radiology office you are scheduled to visit.

## STEP 3 - WAKE RADIOLOGY TO COMPLETE

### Dear Healthcare Provider:

Wake Radiology / 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 Employee)

## STEP 4 - HEALTHCARE PROVIDER TO SEND Please send images and fax reports to the Wake Radiology office indicated below:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> <b>North Hills Diagnostic Imaging<br/>Breast Center</b><br>3821 Merton Dr., Raleigh, NC 27609<br>Office 919-232-4702<br>Fax 919-787-9154   | <input type="checkbox"/> <b>Breast Center West</b><br>2301 Rexwoods Drive, Ste 116B<br>Raleigh, NC 27607<br>Office 919-788-1960<br>Fax 919-232-9462   | <input type="checkbox"/> <b>Garner</b><br>300 Health Park Dr., Ste 100<br>Garner, NC 27529<br>Office 919-662-9500<br>Fax 919-662-2244                    | <input type="checkbox"/> <b>Fuquay-Varina</b><br>7636 Purfoy Rd., Ste 200<br>Fuquay-Varina, NC 27526<br>Office 919-238-5090<br>Fax 919-577-9049 |
| <input type="checkbox"/> <b>Raleigh MRI Center</b><br>3811 Merton Dr., Raleigh, NC 27609<br>Office 919-782-7666<br>Fax 919-783-6330   | <input type="checkbox"/> <b>Cary Diagnostic Imaging<br/>Breast Center<br/>Interventional Services &amp; Vein Center<br/>MRI Services<br/>PET-CT Services</b><br>300 Ashville Ave., Ste 100<br>Cary, NC 27518<br>Office 919-233-5338<br><input type="checkbox"/> Diagnostic Imaging fax 919-852-3631<br><input type="checkbox"/> Breast Center fax 919-852-4071<br><input type="checkbox"/> Interventional/vein fax 919-852-1566<br><input type="checkbox"/> MRI & PET-CT fax 919-235-3384 | <input type="checkbox"/> <b>Wake Forest Imaging</b><br>3150 Rogers Road, Ste 115<br>Wake Forest, NC 27587<br>Office 919-453-1800<br>Fax 919-453-2600     | <input type="checkbox"/> <b>Chapel Hill</b><br>110 S. Estes Dr.<br>Chapel Hill, NC 27514<br>Office 919-942-3196<br>Fax 919-933-9925             |
| <input type="checkbox"/> <b>North Raleigh</b><br>8300 Health Park, Ste 221<br>in the American Institute of Healthcare & Fitness<br>Raleigh, NC 27615<br>Office 919-676-7575<br>Fax 919-676-7278             | <input type="checkbox"/> <b>Morrisville Women's Imaging</b><br>1101 Grace Park Drive<br>Morrisville, NC 27560<br>Office 919-854-2175<br>Fax 919-859-0182  | <input type="checkbox"/> <b>Wake Forest Mammography</b><br>3309 Rogers Road, Ste 209<br>Wake Forest, NC 27587<br>Office 919-453-1130<br>Fax 919-453-0965 | <input type="checkbox"/> <b>Wake Radiology<br/>Image/Film Storage</b><br>Office 919-854-2175<br>Fax 919-859-0182                                |
| <input type="checkbox"/> <b>West Raleigh<br/>Diagnostic &amp; Sports Imaging<br/>Pediatric Imaging<br/>Mammography</b><br>4301 Lake Boone Tr., Raleigh, NC 27607<br>Office 919-781-6707<br>Fax 919-782-4782 |   | <input type="checkbox"/> <b>Smithfield</b><br>218 Venture Dr.<br>Smithfield, NC 27577<br>Office 919-934-4534<br>Fax 919-934-4793                         |   |