

PATIENT CONSENT FOR WAKE RADIOLOGY TO OBTAIN IMAGES

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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 _____

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

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

