

JEFFERSON RADIOLOGY

IMAGE RELEASE AUTHORIZATION

JEFFERSON RADIOLOGY REQUIRES YOUR PREVIOUS IMAGES BE SENT TO OUR IMAGING FACILITY PRIOR TO YOUR EXAM.

By comparing your current exam with previous images, our radiologists can provide you with a more complete picture of your health. Access to prior images can reduce the need for further studies.

HOW TO TRANSFER YOUR IMAGES TO JEFFERSON RADIOLOGY

Jefferson Radiology will contact your previous imaging facility and secure your images for you.

1. Complete and sign the attached form. The form provides your prior imaging facility with the consent they need to release your images to Jefferson Radiology.
2. Return the form to Jefferson Radiology, either by fax or by mail *at least fourteen days prior to your appointment.*

BY FAX:

- Download the form and complete all fields
- Print, sign and fax the completed form to 860-513-0137

BY MAIL OR IN PERSON:

- Download the form and complete all fields
- Print, sign and mail the completed form to

Jefferson Radiology
Attn: Medical Records
1260 Silas Deane Highway, Suite 100
Wethersfield, CT 06109

QUESTIONS?

Connect with our file room directly at 860-289-3375 ext. 86004

JEFFERSON RADIOLOGY

IMAGE RELEASE AUTHORIZATION: To be completed by patient

Patient name: _____ Previous name : _____
(if applicable)

Type of study: _____ Date of birth: _____

Imaging facility : _____
NAME

STREET ADDRESS CITY STATE

If facility is unknown, name of the physician who received the results: _____ ZIP

Outside images will be returned to the original facility once final comparisons have been made.

I prefer to pick up my images directly from Jefferson Radiology following my exam.

Patient Signature: _____ Date: _____

IMAGE RELEASE INSTRUCTIONS: To be completed by facility

We are requesting the above patient's images for comparison purposes. Please send a CD in DICOM compatible format or the original analog films with reports to the address below.

For breast imaging patients, please send images along with the corresponding reports for all breast imaging including mammograms, breast ultrasounds and breast MRI that were performed in the last five (5) years.

Jefferson Radiology
Attn: Medical Records
1260 Silas Deane Highway, Suite 100
Wethersfield, CT 06109
(P) 860-289-3375 ext. 86004

All outside studies will be returned once final comparison has been made unless the patient chooses to retain the images as indicated above.

We do not have a record of images for this patient

If this patient does not have images at your facility, please check this box and fax this form to 860-513-0137

Jefferson Radiology Staff Name (print): _____ Extension: _____