



Imaging Report/Disc Request Form

If you would like a copy of your report and/or disc of the images, please fill out the following information:

- Patient Name _____ DOB _____
- Date of Service _____
- MRI/CT/OTHER (Circle all that apply)
- Body part _____
- Request for Disc/Report/Both (Circle all that apply)

Please select one:

- Unable to pick up my records. Please mail them to me at:
address: _____
City/State/Zip _____
- I will pick up my records. Please call me at _____.

At WVI, we believe it's your right and our privilege to provide a free copy of your medical records.

When your services are related to a motor vehicle accident/personal injury/workers' compensation claim, additional costs may accrue. Please have your attorney or claim adjuster contact our billing office at (541) 344-9500

Patient/Guardian Signature _____ **Date** _____

We will have your medical records available within 14 days of the date requested. Please understand if you do not pick up within 30 days they will need to be destroyed and a new written request will need to be filled out.