

Electronic Imaging Transfer Request Form

Patients Name

Date of Birth

Address

Reason for Request

Date of Imaging

Type of Imaging and Body Parts

Person Receiving Images

Receiving E-mail Address

Contact Phone Number
(Must be a UK Mobile number)

Second email address
(If no UK Number this must be completed)

Contact Address

I, the patient, consent to my images being released as above. *Please note, the form MUST be signed in order to process the request.*

Patients signature

Date

If you are NOT the patient, please complete the below.

I confirm that I, the individual making the request, have sought the consent of the patient to release their images to the address declared above.

Signature

Date

Please return completed forms via email to pacsadmin@fortiusclinic.com or give to reception.

If you would like to post the completed form to us please address to:

Pacs Admin Team, 17 Fitzhardinge Street, London, W1H 6EQ