



PEACHTREE ORTHOPEDICS

PATIENT REQUEST FOR RELEASE OF DIAGNOSTIC STUDIES

This is a request to obtain your diagnostic studies or to have your diagnostic studies sent to another physician. Our images are now provided on cds.

It is recommended that you pick up your cd and take it to your appointment if possible to prevent any problems caused by postal delays.

*** For our patient convenience cds may be picked up at any POC office location.**

Please print the following information.

Patient Name: _____ Last 4 digits Social Security # _____

Address: _____ City: _____ State: _____ Zip: _____

Date Of Birth: _____ Home Phone: _____ Cell Phone: _____

POC Physician Seen: _____ POC Office location where you were seen: _____

Receiving Party Information: _____ Patient _____ Physician _____ Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CD costs:

- Plain film \$10
- MRI \$20
- Cds will be burned and available for pick up or mailing after payment is received
- We accept credit card information over the phone

To speak with an X-ray representative about your images call 404-355-0743 ext. 1024.

Please fax completed forms to 404-355-2136.

PATIENT SIGNATURE: _____ **DATE** _____

Date to front desk: _____ **POC acct number:** _____