



## Patient Request for Release of Images and Reports

### Washington Radiology Instructions to Patient:

Complete this document and submit it to the front desk staff or send to Washington Radiology by scanning and emailing, or by faxing using the contact details below.

**Fax:** (703) 280-1527      **Email:** [medicalrecords@washingtonradiology.com](mailto:medicalrecords@washingtonradiology.com)

Thank you,  
Washington Radiology Customer Care

### Patient Instructions to Facility:

I, \_\_\_\_\_ (Previous Last Name - if applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Patient Phone number: \_\_\_\_\_

hereby authorize:

Name of Facility: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Images being requested: \_\_\_\_\_

To release my images and reports to:

**Washington Radiology**  
**Medical Records Department**  
3015 Williams Dr, Suite 200  
Fairfax, VA 22031  
Phone: (703) 280-1397  
Fax: (703) 280-1527

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Washington Radiology Instructions to Facility:

Our patient has requested the transfer of his/her images and reports to Washington Radiology as soon as possible for patient care purposes. Please notify us immediately if you do not have the requested images and reports.

Thank you,  
Washington Radiology Customer Care