INSTRUCTIONS TO OBTAIN COPIES OF X-RAYS

The UF SHCC Department of Radiology is happy to burn you a CD of your X-rays. You will need to specify the X-rays study(s) you require, and the approximate date(s) they were done. If needed, you may request all X-rays of a certain type, for example; all left foot X-rays, or all chest X-rays.

If your X-rays were originally taken on film, they will need to be digitized prior to burning. This process will take a bit longer to complete, so you should call first to obtain a pick-up time. X-rays taken after November 1, 2009, were created digitally and are ready to be burned. This can be done while you wait, but calling ahead is still a good idea to shorten your wait time.

The software program needed to view and manipulate the images will be burned to the disk with the images.

We can prepare your images for pick-up by you or by someone you designate with your authorization.

Disks can be mailed to you or to a third party (i.e., your doctor’s office) with your authorization. All delivery requests will be sent regular U.S. Postal Service First Class at no additional delivery charge.

If you require films overnight, you will need to make your own arrangements for a pick-up at our facility by an overnight mail service. On the attached form, check the appropriate box for third party pick-up. X-ray images will not be given to any third party, including overnight mail services, without an authorization for release signed by the patient.

To obtain a disk of your x-ray images:

1. Complete the attached form
2. Bring, fax or mail the form to:

   UF Student Health Care Center
   C/O Radiology RM 130
   P.O. Box 117500
   Gainesville, FL 32611-7500
   FAX: (352) 392-4673

*** A PICTURE ID IS REQUIRED FOR ALL PERSONS PICKING UP X-RAYS***

If you have questions not answered here, please call the x-ray department at (352) 294-7470 and we will be happy to discuss your options.
Student Health Care Center
Department of Radiology
280 Fletcher Drive
PO Box 117500
Gainesville, FL 32611-7500
Direct Phone: 352-294-7470
Fax: 352-392-4673
shcc.ufl.edu

Patient Name (last, first) ____________________________________________________________
Please Print

Date of Birth ___________________________________ UF ID ____________________________

Specific type of x-ray(s) and approximate date(s) of the X-rays you need: (for ex: Left hand Oct 2009, All Chest X-rays from 2007 to present, etc.)

________________________________________________________________________________________________
________________________________________________________________________________________________

Phone number where you can be reached (_______) ________________________________

☐ I will pick-up a computer disk of my x-ray images.

☐ Please mail a computer disk of my x-ray images to me.

Mailing Address: ________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

☐ I authorize Student Health Care Center to MAIL / RELEASE (circle one) a computer disk of my x-ray images to the following 3RD Party:

RELEASE TO: _________________________________________________________________
Recipient Phone: ___________________ Fax: ________________________________
Mailing Address: ______________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

I, the above named patient, do hereby authorize the UF Student Health Care Center to digitize and/or burn to CD, the above requested radiographs.

Patient Signature: ____________________________________________ Date: ______________

OFFICE USE ONLY

___________________________________________________________________________
PERSON PICKING UP X-RAYS IF OTHER THAN PATIENT (PRINT PLEASE)

___________________________________________________________________________
SIGNATURE OF PERSON PICKING UP X-RAYS IF OTHER THAN PATIENT DATE

*****PICTURE ID REQUIRED TO PICK-UP X-RAYS*****