

## 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  
Direct Phone: 352-294-7470  
Fax: 352-392-4673

280 Fletcher Drive  
PO Box 117500  
Gainesville, FL 32611-7500  
352-392-1161  
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 3<sup>RD</sup> 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: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
_____ 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\*\*\*\*\***