

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.

X-rays were created digitally and are ready to be burned to a disk. This can be done while you wait, but calling ahead is a good idea to shorten your wait time. The software program needed to view the images will be burned to the disk with the images.

We can prepare your images for pick-up by someone else if you so designate *with your signed authorization*.

If you are picking up x-rays yourself, we will have a release form ready for you to sign when you arrive so you do not need to sign and print this form ahead.

Disks can be mailed to you or to a third party (ie., your doctor's office) with your signed 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 friends, roommates, parents, or overnight mail services, without an authorization for release to that person signed by the patient.

To obtain a disk of your x-ray images:

1. Complete the attached form
2. 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 _____ UFID /MRN _____

Specific type of x-ray(s) and approximate date(s) of the X-rays you need: (for example: Left hand Oct 2016, All Chest X-rays from 2018 to present, etc.)

Phone number where you can be reached (_____) _____

- I will pick-up a computer disk of my x-ray images. *May include a copy of x-ray report if available.*
- Please mail a computer disk of my x-ray images to me. *May include a copy of x-ray report if available.*

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	
_____ NAME OF PERSON PICKING UP X-RAYS <i>IF OTHER THAN PATIENT</i> (PRINT PLEASE)	
_____ SIGNATURE OF PERSON PICKING UP X-RAYS <i>IF OTHER THAN PATIENT</i>	_____ DATE

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