



Life. Well seen.

Release of PENRAD Imaging Medical Information

Patient Name: _____

Date: _____

Date of Birth: _____

Release of Films and/or CD

I understand the release of these films/studies/reports will no longer preserve the confidentiality of my records and the information contained therein. I hereby release COLORADO SPRINGS RADIOLOGISTS, P.C./PENRAD IMAGING, and all of their personnel, both technical and administrative, from any and all liability claims, demands, and actions of any kind, which may arise or result from the release of these films/studies/reports.

Exams & Dates of Service Needed

Exam: _____	Date: _____	<input type="checkbox"/> Report Only	<input type="checkbox"/> Films	<input type="checkbox"/> CD
Exam: _____	Date: _____	<input type="checkbox"/> Report Only	<input type="checkbox"/> Films	<input type="checkbox"/> CD
Exam: _____	Date: _____	<input type="checkbox"/> Report Only	<input type="checkbox"/> Films	<input type="checkbox"/> CD
Exam: _____	Date: _____	<input type="checkbox"/> Report Only	<input type="checkbox"/> Films	<input type="checkbox"/> CD
Exam: _____	Date: _____	<input type="checkbox"/> Report Only	<input type="checkbox"/> Films	<input type="checkbox"/> CD

Send to: _____ Attn: _____

Patient/Guardian Signature: _____ PU/Delivery Date: _____

Please return completed form to PENRAD Imaging by:
Fax 719-867-7915
medicalrecords@PENRAD.org
PENRAD Imaging, 3050 N Circle Dr. Colorado Springs, CO 80909

For Staff Use Only:

Spoke with: _____	Phone #: _____	Cell #: _____			
Date: _____	Photo ID: _____				
Witness: _____	Account #: _____				
Taken By: _____	Date: _____	Completed By: _____ Date: _____			
Exam Location:	<input type="checkbox"/> AMC	<input type="checkbox"/> Monument	<input type="checkbox"/> MR	<input type="checkbox"/> SGP	
Delivered By:	<input type="checkbox"/> Courier	<input type="checkbox"/> Box	<input type="checkbox"/> Mail	<input type="checkbox"/> Pt PU	<input type="checkbox"/> Fax _____
PU From:	<input type="checkbox"/> AMC	<input type="checkbox"/> Monument	<input type="checkbox"/> MR	<input type="checkbox"/> SGP	