

Non-Patient Imaging Disc Request Form

Details Of Person Requesting Disc

Name	<input type="text"/>
Company	<input type="text"/>
Reason for Disc Request	<input type="text"/>
Delivery for Address for Disc	<input type="text"/>
Number of Discs Required	<input type="text"/>

Patient Details

Name	<input type="text"/>
Date of Birth	<input type="text"/>
Type of Imaging and Body Parts	<input type="text"/>
Patient Postcode	<input type="text"/>

Please note, the form **MUST** be signed in order to process the request

I confirm that I, the individual making the request, have sought the consent of the patient to release their images to the address declared above

signature

Please return to
Radiographers, Fortius Clinic
17 Fitzhardinge Street
London
W1H 6EQ

Alternatively please scan/photograph and email to
radiographers@fortiusclinic.com