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***Ready for pick up:** _____

REQUEST FOR ACCESS TO PERSONAL INFORMATION

The information on this form will be used to respond to your request for personal information or the personal information of someone whom you are legally entitled to represent.

Last Name: _____ Address: _____

First Name: _____ City/Town: _____

Personal Health #: _____ Postal Code: _____

Date of Birth: _____ Contact #: _____

PLEASE INDICATE THE FOLLOWING:

Date of exam(s) requested: _____

Brief description of the exam(s) requested: _____

Please circle: Report for patient (no charge) **AND/ OR** **Fax to Physio/Chiro/Naturopath:**
 CD & Report (\$20 per study) Name: _____
Expedited CD (\$40 per study) Fax #: _____

- Please note that results are not mailed out. Patient results will be ready for pick up ***2 weeks after the date requested**. CDs are disposed if not picked up within 6 months with no reminder.
- CD copies of images are not compatible with MAC computers.
- Patients are to present photo identification at the time of pick up.
- **No refunds given.**

I, _____ authorize _____ to pick up my requested report/CD on my behalf by presenting valid photo identification.

X _____
Patient Signature

X _____
Date (dd/mm/yy)

X _____
Authorized Person

X _____
Pick Up Date