LETTER OF INSTRUCTION: RELEASE OF RADIOLOGY AND IMAGING RECORDS

Date: [Insert Date]

To:
[Name of Radiology Facility/Hospital]
[Department of Medical Records/Radiology]
[Street Address]
[City, State, Zip Code]

RE: Patient Information
Patient Name: [Full Legal Name]
Date of Birth: [MM/DD/YYYY]
Patient ID/Account Number (if known): [Insert Number]

To Whom It May Concern,

I am writing to formally request the release of my radiology records and diagnostic imaging studies. Please provide the following items:

- Electronic copies of original images (DICOM format on CD or digital transfer)
- Radiologist interpretation reports
- Specific studies requested: [e.g., MRI Lumbar Spine, Chest X-ray, CT Scan]
- Date range of services: [From Date] to [To Date]

Reason for Request: [e.g., Transfer of care, personal records, or specialist consultation]

Delivery Instructions:

Please deliver these records via the following method:
[ ] Secure Email/Digital Link: [Insert Email Address]
[ ] Mail to: [Insert Name/Address]
[ ] Personal Pickup: I will pick up the records on [Date]

I understand that there may be a reasonable fee associated with the duplication of these records. Please notify me in advance if the cost exceeds $[Amount].

This authorization is valid for 90 days from the date of signature unless revoked by me in writing.

Thank you for your prompt attention to this request.

Sincerely,

_____
[Signature of Patient or Legal Representative]

[Printed Name]
[Phone Number]