

## CD/REPORT REQUEST FORM

Patient Name:

Date of Request:

Patient Date of Birth:

Exam Type(s):

Date of Exam(s):

Pick up location:      Derry      Bedford      Raymond      Windham      Mail

Who will be picking up?

**Please note:**

- If we are mailing to anyone other than the patient, please fill out a Medical Release form.
- Requested CD's will be ready for pick up in 24hrs.
- Requests for **mammography and cardiology** imaging must be picked up at the Derry office or mailed.