



QUINTE HEALTH – DEPARTMENT OF RADIOLOGY

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Quinte Health – North Hastings
1H Manor Lane, Box 157, Bancroft, K0L 1C0
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CONSENT TO RELEASE DIAGNOSTIC IMAGES/REPORTS

DVD REPORT

DATE OF REQUEST: _____ HCN: _____

NAME OF PATIENT: _____

BIRTHDATE: _____ HOSPITAL #: _____

TYPE OF IMAGES TO BE RELEASED: _____

RELEASE TO DR: _____

ADDRESS: _____

MAIL PUROLATOR # PATIENT TO PICK UP

RELEASE TO PATIENT/DESIGNATE: _____
(Name of Designate)

Patient Pick-Up Site: BGH TMH PEC NHH

The images that are being released form a portion of the hospital records, they are not released from this hospital without the signed consent of the patient or patient's designated substitute. Please bring valid ID when picking up Diagnostic Imaging Information.

(Signature of Patient or Patient Designated Substitute)

(Name of Quinte Health Staff Releasing Images) please print

_____ Valid ID presented
(Date of Pick Up)

AFFIX OUT GUIDE LABEL HERE