

Application for the Release of Scan Reports or Imaging

Applicant

Name:

Address:

Date of Birth:

Telephone Number:

Email Address:

Please release report and or imaging to (Please circle):

Myself

Referring GP

Third party medical practitioner

I give my permission for ScanClinic to release a copy of my imaging report and/or imaging to:

Name of Doctor:

Address of Doctor:

Telephone Number:

Email Address (Healthmail only):

Signed:

Name (BLOCK CAPITALS):

Date:
