Outside Provider Request for Transfer of UW Health Medical Images

****Note: This form is for the usage of healthcare providers only and may not be used for any release that requires an authorization signed by the patient or legally authorized representative and should only be used to request medical imaging and, if available, associated imaging results.****

Requestor Information (Outside Healthcare Provider Completing This Request)

Name:	Facility Name:
Phone Number:	Fax Number:

Shipping/Priority Information (When Is It Needed)

Image Management typically processes requests in 1 to 2 business days. If an electronic connection with a facility does not exist, images will be sent out via USPS 1st Class Mail unless FedEx is specified.

☐ No Urgent Due Date/Time	☐ Date/Time Images are needed by:
☐ FedEx Overnight/Urgently Needed (Charged to Requesting Healthcare Facility) Provider's FedEx Account # (Required for Overnight/Urgent Requests):	

Patient Information

Name:	
Date of Birth:	UW MRN (if known):

Disclosed To (Facility/Provider Receiving Images)

Facility Name:
Provider/Department:
Address:
City, State and Zip:
Phone:

Studies/Exams

Description of Exams to be Transferred (Include Study Name(s) and Date(s) if Known): *(No medical records will be sent except for associated imaging reports.)*

When filled out, please fax this form along with your facility's fax cover sheet to UW Health Image Management at (608) 263-0146. Any urgent needs should also be followed up with a phone call to (608) 265-7118 after faxing to make sure Image Management receives the request.