

# Authorization for Duplication and Release of X-ray Films University of Florida Student Health Care Center

UNIVERSITY OF FLORIDA \* STUDENT HEALTH CARE CENTER \* PO BOX 117500 □ GAINESVILLE, FL 32611-7500  
DEPARTMENT OF RADIOLOGY \* PHONE: (352) 392-1161 EXT. 4242 \* FAX: (352) 392-4673

## INSTRUCTIONS

The UF SHCC Department of Radiology is happy to make you a set of duplicate x-rays. **There is a fee for this service which is applied for each set of films duplicated.**

**If you are a current UF student, charges for duplicates can be placed on your student account. If you have not taken classes for two years or have already graduated, you will need to remit the fee by mail.**

**CALL AHEAD AND WE WILL CALCULATE THE CHARGES FOR YOU: (352) 392-1161 EXT 4242**

**\*\* COSTS FOR DUPLICATES ARE INCURRED WHEN THE COPIES ARE MADE, NOT WHEN THEY ARE PICKED-UP.**

We can prepare your films for pick-up by you or by someone you designate with your authorization.

Films can be mailed to you or to a 3<sup>rd</sup> party (i.e. your doctor's office) with your authorization. All delivery requests will be sent regular US Postal Service First Class with no additional delivery charge.

If you require films overnight, you will need to make your own arrangements for a pick-up at our facility by an overnight mail service. On the attached form, check the appropriate box for 3<sup>rd</sup> party pick-up. Films will not be given to any 3<sup>rd</sup> party, including overnight mail services without first receiving an authorization for release from the patient.

To obtain your duplicate x-rays:

1. Complete the attached form
2. Bring in, Fax or mail form to:

UF Student Health Care Center  
C/O Radiology RM 130  
PO Box 117500  
Gainesville, FL 32611-7500

FAX (352) 392-4673

If you have questions not answered here, or you wish to find out about the charges in advance of faxing this form, please call the x-ray department at (352) 392-1161 ext 4242 and we will be happy to discuss your options.

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**Patient Name** \_\_\_\_\_ **UF ID** \_\_\_\_\_

Please Print

**Date of Birth** \_\_\_\_\_ **SS# (Films prior to 2003)** \_\_\_\_\_

**Specific x-ray(s) you need** (for ex: hand, foot, etc) \_\_\_\_\_

**Date(s) of x-rays:** (If not sure, please estimate) \_\_\_\_\_

**Phone number where you can be reached** (\_\_\_\_\_) \_\_\_\_\_

I will pick-up copies of my x-rays. *Note: Duplicating costs are incurred when duplicates are made*

Please mail the x-ray duplicates to me.

My Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize you **MAIL / RELEASE** (circle one) Copies of my x-rays to the following 3<sup>RD</sup> Party:

**RELEASE TO:** \_\_\_\_\_

**Recipient Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the above named patient, do hereby authorize the UF Student Health Care Center to duplicate the above requested radiographs. I understand that expenses are incurred in the processing and/or mailing of these radiographic medical records and I agree to be responsible for those charges.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

\_\_\_\_\_  
PERSON PICKING UP X-RAYS IF OTHER THAN PATIENT (PRINT PLEASE)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
SIGNATURE OF PERSON PICKING UP X-RAYS IF OTHER THAN PATIENT

**\*\*\*\*\* PLEASE BRING A PICTURE ID WITH YOU WHEN YOU PICK-UP X-RAYS \*\*\*\*\***