SMIL
SOUTHWEST MEDICAL IMAGING
AFFILIATED WITH RADIOLOGY PARTNERS

MAIN PHONE: (480) 425-5000
eSMIL.com

☐ **STAT REQUEST** Provider Name: _____ Fax Number: _____

REQUEST FOR RELEASE OF IMAGES AND REPORTS

Patient's Name: _____

Date of Birth: _____

Exams Requested: _____

_____

Date of Exams: _____

I authorize you to release all requested images and reports to:

Southwest Medical Imaging
9700 N. 91st Street
Ste. B-210
Scottsdale, AZ 85258
Fax # (480) 657-3470

Patient's Signature: _____ Date: _____

***Please send images on CD, Dicom Only, and include report.**

*Please feel free to contact our office with any questions or concerns at (480) 425-5000.