

SUTTER DELTA MEDICAL CENTER (Antioch, CA)

Requesting Radiological Records

- Patient must sign letter to radiology indicating that MRI or CT scans are to be released to the lab.
- Use VA Release form for Sutter Delta Medical Center
- Indicate requested scans on form
- Indicate address to which scans should be sent
- Patient info on letter: first and last name, Date of birth, Driver's License # if possible.
- Patient must sign the letter
- Fax form to Sutter Delta Radiology at 925-779-3025

Info collected by Joseph Brooks via phone on 1/27/2004



Department of Veterans Affairs
Neurology Research and Outpatient Clinic, 150 Muir Road, Martinez, CA 94553

NAME OF PATIENT: _____

PATIENT'S ADDRESS: _____

Social Security Number: _____

Medical Record (I.D.) Number: _____ Date of Birth: _____

We would appreciate your cooperation in forwarding the following items to assist our staff in the evaluation and examination of the patient named above.

INFORMATION AND MATERIALS REQUESTED:

___ CT head (brain) scans from _____ (date)

___ MRI head (brain) scans from _____ (date)

(For CT and MRI, please send originals OR copies of ACTUAL film. Originals will be returned promptly after review.)

___ Medical notes/records pertaining to the neurological event/stroke of _____

___ Neurosurgical records of _____ (date) pertaining to the use of METALLIC (ferromagnetic) clips, staples, etc. that would contraindicate MRI.

I hereby request and authorize _____
to release the information and materials identified above to: Dr. Lynn C. Robertson,

**ATTN: Dr. Krista Schendel
Neurology Research, building 127E
VA Northern California Health Care System
150 Muir Road
Martinez, CA 94553**

Phone: (925) 372-2513

SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE

DATE