

Radiology Service

I am requesting and authorizing your service to send originals or copies of my CT or MRI images to:

Dr. Lynn C. Robertson
Attention: Dr. Krista Schendel
Building 127E
VA Northern California Health Care System
150 Muir Road
Martinez, CA 94553

_____ ACTUAL films of CT head (brain) scans from _____

_____ ACTUAL films of MRI head (brain) scans from _____

If originals are sent, they will be returned to you as soon as possible. If you have any questions please contact Dr. Robertson or Dr. Schendel at 925-372-2513.

Sincerely,

(Signature)

(Printed Name)

(Street Address or PO Box)

(City, State, Zip Code)

(SSN or Medical Record # and DOB)