



Print, complete and sign the Consent Release below.
Fax this sheet back to (714) 285-1293.
 Call (714) 835-6055 x1350 (medical records)
 to confirm receipt of fax.
 Please allow 48-72 hours to process request.

Authorization to Release Records

Patient Name: _____ Date: _____

Daytime Phone #: _____ Date of Birth: _____

Medical Record Number (if known): _____

Exam(s) Requested

X-ray
 CT
 MR
 US
 Exam Date: _____
 Requesting Physician _____
 NM
 Mammogram
 Other

Additional exam dates being requested: _____

Format requested Check one:
 CD - \$20 per CD
 Film - \$15 per sheet of film

Pick-up or Delivery Check one:

- Pick-up (Patient must show ID)
- If films/images are being picked up by someone else, please print, complete and sign the Consent Release below and submit this sheet at the time of pick-up.

I authorize West Coast Radiology Center to release my film/images to: _____

Patient Name (please print) _____

Patient Signature _____

Pick-up Designee Signature _____

West Coast Radiology Centers

- Anaheim**
1085 North Harbor Blvd. • Anaheim, CA 92801
- Irvine**
16300 Sand Canyon Ave., #102 • Irvine, CA 92618
- Laguna Niguel/Mission Viejo**
27882 Forbes Road, #120 • Laguna Niguel, CA 92677
- Santa Ana/South Coast**
2620 S. Bristol Street • Santa Ana, CA 92704-5727
- Santa Ana/Tustin**
1100-A N. Tustin Ave. • Santa Ana, CA 92705

West Coast Breast Centers

- Irvine**
16300 Sand Canyon Ave., #203 • Irvine, CA 92618
- Laguna Niguel/Mission Viejo**
27882 Forbes Road, #120 • Laguna Niguel, CA 92677
- Santa Ana/Tustin**
1100-A N. Tustin Ave. • Santa Ana, CA 92705