

Patients: Below explains how to get a copy of radiology imaging studies you had done at UMDNJ in Newark.

- 1) The UMDNJ radiology department can make a computer CD containing your images (x-rays, MRI, etc.).
- 2) **To send a CD to the patient**, Radiology charges ~ \$10 to make the CD, and \$20 to mail it. The patient must complete and sign the "CD/Films Request Form" [below] and (along with your check for payment) mail it to: UMDNJ Radiology, attention: Mike. 150 Bergen St, Room C-335, Newark, NJ, 07103. Questions? Call: 973-972-9335.
- 3) **To send a CD to a patient's Doctor outside of UMDNJ**, Radiology will create and mail the CD for free (no charge). The patient must complete and sign a "CD/Films Request Form" [below] and mail it (address above) or Fax to: 973-972-3204.
- 4) Expect at least a few days for the CD to be made and another few days for it to arrive by mail.
- 5) Dr. Foye's office does not mail out CDs/images. All of that would be handled just via the radiology department.

+++++



**The University Hospital
DEPARTMENT OF RADIOLOGY C-335**

CD/FILMS Request Form

Instructions if you will to pay in person, at University Hospital: Patients/Physicians must complete this Request Form when requesting copies of exams. All applicable fees must be paid to the University Hospital's Cashier's Office located on C-Level (main level) of the Hospital. Provide the Radiology Dept. with Cashier's receipt and completed Request Form. Request will be fulfilled within 48 hours.

Print
PATIENT NAME: _____ **DATE OF BIRTH:** _____

PHONE NUMBER: _____ **DATE:** _____
Medical Record#: _____

REQUESTER: _____

PHONE NUMBER: _____

Signature: _____

EXAMS to be printed: _____

Date of Exam(s): _____

Please select one of the following:

_____ **CD request (\$10.00 per CD)**

_____ **Film request (\$5.00 per sheet)**

_____ **Mailing Charge (\$20.00)**

Will the patient pick the images up in person? Yes / No
If not, where do you want the images mailed to?

Name:

Address:

Tax ID: 221775306

FOR RADIOLOGY DEPT. USE ONLY

Doctor/In House Request _____

ACCOUNT: 701111 INDEX: 201130 OBJECT CODE: _____

Number of CDs made: _____ @ \$10.00 per CD

Number of Films copied: _____ @ \$5.00 per copy

TOTAL COST: _____

PAID: YES NO

RECEIPT #: _____ (Attach copy of receipt)