

Windsor Imaging  
4805 N Dixie Highway  
Ft Lauderdale, Fl 33334  
954-771-6400  
954-771-6499 Fax

FILM REQUEST SHEET

DATE REQUESTED: \_\_\_\_\_ DATE PICKUP: \_\_\_\_\_

PATIENT CHART: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_

DOS: \_\_\_\_\_ MRI: \_\_\_\_\_ CT: \_\_\_\_\_ ULTRA: \_\_\_\_\_

**PLEASE DELIVER THESE FILMS TO:**  
(NAME, ADDRESS, AND PHONE NUMBER)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Films needed by:* \_\_\_\_\_

**RELEASE OF ORIGINAL FILMS**

**I UNDERSTAND ACCORDING TO THE FLORIDA STATUE OF LIMITATION  
LAW THESE FILMS ARE BEING RELEASED TO MY PHYSICIAN FOR  
REVIEW FOR MEDICAL PURPOSES. WINDSOR IMAGING WILL NOT  
ASSUME RESPONSIBILUTY FOR MISSING OR LOST FILMS.**

\_\_\_\_\_  
PATIENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FILMS TAKE TO

\_\_\_\_\_  
BIRTHDAY

\_\_\_\_\_  
RECEIVED BY