

**OPEN AIR MRI OF CEN-LA
MEDICAL RECORD REQUEST**

I, _____, personally requested a copy of my diagnostic report(s) and/or images from the exam(s) that was/were performed at Open Air MRI of Cen-La.

I have furnished Open Air MRI of Cen-La with a current and accurate copy of my Driver's License.

This waiver informs me of Open Air MRI of Cen-La's preference and encouragement for me to receive and discuss the findings of my exam(s) with my referring physician prior to receiving it from Open Air MRI of Cen-La. It is my sole decision and preference to receive a copy of said exam(s) from Open Air MRI of Cen-La.

I understand that no one with Open Air MRI of Cen-La is authorized to discuss the finding(s) of my exam(s) with me.

I hereby release Open Air MRI of Cen-La from any and all consequences regarding my interpretation/ mis-interpretation, understanding/ mis-understanding, and/or actions, as related to this/these report(s) and/or images.

Print Name

Signature

Witness

Date

Date