Weill Cornell Imaging

NewYork-Presbyterian Weill Cornell Medicine

PLEASE COMPLETE FORM AND SCAN TO EPIC

WCINYP Medical Records Release Tracking

Caller:_____

Patient Name: _____

MRN: _____

Contents of release:

RECORDS TO BE SENT TO:

☐ PATIENT ☐ MD'S OFFICE ☐ CD ☐ REPORTS ☐ FAXED REPORTS

Name:_____

Address: _____

City:_____State:_____Zip Code: _____

FAX:_____ Fedex tracking #_____

Request Filled by:

CWID: _____ Date: _____

Additional Notes: