

**WENTWORTH-DOUGLASS HOSPITAL**  
**Imaging Services Department**  
**CD REQUEST**  
**Phone: (603) 740-2588 • Fax: (603) 740-2650**

Please fill in all fields below and fax CD request to 603-740-2650. A Specialist will call you if more information is needed. Please note if faxing this request on a Friday, Saturday or Sunday, information will not be ready until the following week.

Date of Request: \_\_\_\_\_ MR#: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_  Home  Cell  Work

Images Requested: \_\_\_\_\_

Date exam was done: \_\_\_\_\_

Special Request: (If CD is needed prior to 48 hours) I must pick up CD by \_\_\_\_\_

Please mail images to:

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

