

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. Otherwise your request will be ready in **48 HOURS** at the Medical Information Department. Please note if faxing this request on a Friday, Saturday or Sunday, information will not be ready until the following week.

Date of Request: _____ Time: _____

Last Name: _____ First Name: _____

Date of Birth: _____

Phone #: _____ Home Cell Work

Images Requested: _____

Date exam was done: _____

I will pick images up at Medical Information on: _____

(48 hours to process your request, 2 forms of Identification is required for pick-up, i.e., photo ID, credit card, SS card, library card.)

Please note if someone other than the patient is picking up this request, a Release form for Authorized Designee signed by the patient, and a HIPAA release signed by the patient is required. Forms are available online at www.wdhospital.com. Please contact Medical Information for additional assistance.

Medical Information Department is located at: Wentworth-Douglass Business System
121 Broadway Street
Dover, NH 03820
Phone: (603) 740-2591

Hours: Monday – Friday 7:00a.m.– 4:15p.m.

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

Please mail images to:

Wentworth-Douglass Hospital
RADIOLOGY DEPARTMENT
CD CHECKOUT REQUEST



RA0340

7040-17MR
Rev 10/22/12