IMAGE TRANSFER/PICKUP

INSTRUCTIONS:

1. Fill out and sign this form.
2. Fill out and sign the *OCA Official Form No.: 960.(Second page)*
3. Attach a clear copy of your photo ID. (If faxing, must be sent as "Fine" image only.)
4. If your images are being picked up by someone other than you, the person picking up the images will be required to present photo identification, and you must fill in that person's photo identification number in box #8 on the *OCA Official Form No.: 960.*
5. Mail or fax this form and the *OCA Official Form No.: 960* with a copy of your photo ID to Medical Records at 718-931-7947.

NOTE: All Images will be distributed on CD format.

Name: _____	**Acct#** _____	**SS:** ___-___-____	**DOB:** ___/___/___

Date of Service	**ANATOMY (Body Part)**	**IMAGES**	**REPORT**
		☐	☐ YES
		☐	☐ YES
		☐	☐ YES
		☐	☐ YES
		☐	☐ YES
		☐	☐ YES
		☐	☐ YES
		☐	☐ YES
		☐	☐ YES
		☐	☐ YES

Fees:

- ***Per CD= $10.00*** *(all single study orders will fit on single CD)*
- ***Per DVD= $15.00*** *(Most multplie exam orders will fit on a single DVD)*
- ***Per printed page .75 cents*** *(most reports per study are 2 pages or less)*

If mailing, enclose check or money order. If sending by fax, fill out and sign credit card information. If picking up in person, bring with you this form and the *OCA Official Form No.: 960* when you come to pick up the CD.

Fees:

$ _____Total Image Fee
(Calculate from fee box or call)

$ _____$15.00 Certified Mail

$ _____$50.00 FedEx overnight

$ _____$00.75 Per printed page

$ _____TOTAL

Credit Card Information

Circle One: Visa/MasterCard

Acct#_____ Expiration Date: _____

3 or 4 Digit Credit Card Code on (the Back of Card). (CVV) _____

X _____ or ☐ Phone Authorization
Signature

Patient Signature **Printed Name** **Date**

Medical Records Fax: (718) 931-7947 Phone: (718) 931-5620 ext: 6701