



Bellevue Medical Imaging, PLLC
Bellevue Women's Imaging, PLLC
 1400 116th Ave NE Bellevue, WA 98004
 Mailing P.O. Box 727 Bellevue, WA 98009

P (425) 454-1700
 F (425) 454-0600
 www.bmirad.com

Image Release Authorization

Facility: _____
 Phone: _____ Fax: _____

Patient name: _____
 DOB: _____
 SSN (if available): _____

Images requested:

Please send reports with the images. We prefer the images in CD format when possible.

Please send images/reports to:
 Bellevue Medical Imaging
 1400 116th Ave NE
 Bellevue, WA 98004

I, _____, hereby authorize the release of my
 prior reports and images to Bellevue Medical Imaging for the purpose of continuing care.

Patient signature: _____ **Date:** _____