

NO: 
 IIUM-IIUMMC-RAD-F017
 VER: 01
 REV: 01
 EFFECTIVE DATE: 20 JULY 2020


**SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM
REQUEST FORM FOR COPY OF IMAGES (CD BURN)**

Name:	
NRIC/Passport no.:	Mobile/Phone no.:
RN:	Age:
Clinic/Ward:	Gender:

Brief summary of clinical status:

Please tick (v) and fill accordingly specify

Reason		Specify	Examination		
<input type="checkbox"/>	Referral		<input type="checkbox"/>	X-ray	<input type="checkbox"/>
<input type="checkbox"/>	Academic		<input type="checkbox"/>	C.T	<input type="checkbox"/>
<input type="checkbox"/>	Others		<input type="checkbox"/>	M.R.I	<input type="checkbox"/>
			<input type="checkbox"/>	Ultrasound	<input type="checkbox"/>
			<input type="checkbox"/>	Angio	<input type="checkbox"/>
			<input type="checkbox"/>	Others	<input type="checkbox"/>

Requester name & signature: _____

Date of request: _____

CONSENT FOR RELEASE OF INFORMATION / KEIZINAN UNTUK MENGELUARKAN MAKLUMAT

I hereby authorize Sultan Ahmad Shah Medical Centre @IIUM to disclose (my / patient/ deceased) images as mentioned above. And hereby absolve Sultan Ahmad Shah Medical Centre @IIUM from any legal action that may arise.

Saya dengan ini membenarkan pihak Sultan Ahmad Shah Medical Centre @IIUM untuk mengeluarkan imej (saya / pesakit / si mati) yang bernama di atas. Dengan ini saya juga melepaskan pihak Sultan Ahmad Shah Medical Centre @IIUM dari sebarang tindakan perundangan yang berkaitan dengannya.

 Patient name & signature:
 Nama & tandatangan pesakit

 Date:
 Tarikh

1. Dispatch this request form to **RADIOLOGY DEPARTMENT**.
2. The requested CD(s) will only be ready within 5 working days.
3. The CD(s) can be collected from 8.30am to 4.30pm.
4. The price of CD per piece is RM20.00 and it is subject to number of CD required to import all images.

Approved by: Requester Consultant / HOD (Specialist)

Name: _____

Signature & official stamp: _____

For office used only:

Received by: _____

Date: _____

Burned by : _____

Date: _____

Taken by : _____

Date: _____