



REQUEST FOR RADIOLOGY REPORT AND/OR FILM

CULLMAN REGIONAL RADIOLOGY DEPARTMENT

1912 Alabama Hwy 157
Cullman AL 35058
Phone: (256) 737-2180
Fax: (256) 737-2877

Date / Time:
Physician Office / Staff Requesting:
Office Phone: Office Fax:

INFORMATION NEEDED:

Patient Name: DOB:
Test(s) needed: DOS:
Information Requested
*Radiology Report *Request to PUSH FILM:
[Repeating form structure for multiple patients]

Please allow up to 24 hours to receive images.
If immediate need, please call (256) 737-2180.

Signature of person requesting: