

DEPARTMENT OF RADIOLOGY

William Beaumont Army Medical Center
18511 Highlander Medics Street, Fort Bliss, TX 79918
Main Hospital, WBAMC, 1st Floor
(915) 569-4256

REQUEST FORM TO UPLOAD IMAGES INTO THE WBAMC RADIOLOGY SYSTEM

Today's Date: _____

Patient Name (Last, First, Middle Initial): _____

Date of Birth (YYYYMMDD): _____

DOD ID #: _____

Telephone #: _____

Note: PLEASE INDICATE WHICH HEALTHCARE PROVIDER AND CLINIC IS REQUESTING THE UPLOAD. THE REQUEST CANNOT BE PROCESSED WITHOUT THIS INFORMATION.

PHYSICIAN/PROVIDER'S NAME: _____

Clinic Physician/Provider Works In: _____

Do you want your DVD/CD back? Yes/No? (Please Circle One)

Print Your Name (Last, First, Middle Initial): _____

Patient Signature: _____