



I, _____, personally requested a copy of my diagnostic report(s) and/or images from the exam(s) that was/were performed at Louisiana PET/CT Imaging of Lake Charles, LLC.

I have furnished Louisiana PET/CT Imaging of Lake Charles, LLC with a current and accurate copy of my Driver's License.

This waiver informs me of Louisiana PET/CT Imaging of Lake Charles, LLC's preference and encouragement for me to receive and discuss the findings of my exam(s) with my referring physician prior to receiving it from Louisiana PET/CT Imaging of Lake Charles, LLC. It is my sole decision and preference to receive a copy of said exam(s) from Louisiana PET/CT Imaging of Lake Charles, LLC.

I understand that no one with Louisiana PET/CT Imaging of Lake Charles, LLC is authorized to discuss the finding(s) of my exam(s) with me.

I hereby release Louisiana PET/CT Imaging of Lake Charles, LLC from any and all consequences regarding my interpretation/ mis-interpretation, understanding/ mis-understanding, and/or actions, as related to this/these report(s) and/or images.

Print Name

Signature

Date

Witness

Date

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