



RecordQuest Radiology Imaging Requests

Instructions to request imaging from MIT Health

1. Fill out the imaging request form
2. Drop off the form at the first floor MIT Health Radiology check-in desk or
3. Mail form to:
MIT Health Medical Records
77 Massachusetts Ave, E23-024
Cambridge, MA 02139

Requestor name: _____

Requestor email: _____ **Requestor phone:** _____

Patient name: _____ **Patient DOB:** _____

Date(s) of service (specific date or date range): _____

Type of imaging requested: mammography X-rays other

How would you like to receive images? (If images cannot be sent electronically, they will be sent via disk.)

- 1) Electronic – preferred, but not always possible
- Name of facility/Hospital network/Medical group: _____
 - Location (address of facility): _____

- 2) Physical media/disk
- Pickup disk at MIT Health Radiology desk
 - Mailed:

Recipient Name: _____

Recipient mailing address: _____

Photo ID is required when picking up disks in person at MIT Health

Requestor signature: _____ **Date:** _____