



## RADIATION ONCOLOGY

Request Form for UVA Radiation Oncology DICOM Records and Treatment Plans

Please Email this form to [clccuvaradoncdicomrequest@hscmail.mcc.virginia.edu](mailto:clccuvaradoncdicomrequest@hscmail.mcc.virginia.edu)

**Date**

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**Requesting Facility**

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**Requesting Physician**

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**Patient Name**

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**Date Of Birth**

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**UVA MRN if known**

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**Specific Anatomic Site of Interest**

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**Name of Medical Staff to receive info**

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**Email of Medical Staff to receive info**

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**Telephone Number of requesting Medical Staff**

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- Please request all other UVA Medical Records directly from UVA HIS:

HIS phone 434-924-5136

HIS Fax 434-924-2432

Stat 434-924-8348

Stat fax 434-243-5995 must call after sending stat fax.