

Communication Tool - Request for Sault Area Hospital Imaging

Patient Name (Last, First): _____

Date of Birth (DD/MM/YYYY): _____

Health Card Number: _____

Imaging Procedure(s): _____

☐ Report(s) ☐ Digital Image(s)

Procedure Date/Timeframe: _____

Request Submitted by: _____

Fax Number: _____

Please send this request via fax to Health Records at (705)759-3703, and be sure to include this form and your office cover sheet.

Note: SAH will share medical images using the PocketHealth application.

Disclaimer: PocketHealth is a secure, online storage hub for medical imaging records - accessible from any device. On PocketHealth, you have the ability to view your patient's imaging records (typically: DICOM imaging and radiologist reports) within your web browser in a diagnostic viewer. By using this form, we will send you an access code to view the images you've requested.