



AUBURN UNIVERSITY
AT MONTGOMERY

STUDENT HEALTH SERVICES

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient Information

Student Number: _____
Name: Miranda Bicknell Date of Birth: 03/29/1989
Address: 2159 County Rd. 61 Phone Number: 334-546-8712
City: Prattville State: AL Zip: 36067 Email: MBicknell@yahoo.com

Please select one of the following:

- ☐ Release information FROM Auburn University at Montgomery Student Health Services to an AUM department/outside medical facility/person (Circle one)
- ☒ Release information from an AUM department/outside medical facility/person (Circle one) TO Auburn University at Montgomery Student Health Services

Outside Medical Facility/ AUM Department/Person

Name: EMIC Date of Birth: ____/____/____
Address: _____ Phone: 334-277-1210 Fax: _____
City: _____ State: _____ Zip: _____ Email: _____

Please select one of the following:

- ☒ Fax Records ☐ Mail Records ☐ Hold Records for Patient Pickup

Type(s) of Records Requested:

- ☐ Immunizations ONLY: please specify (if all, put ALL) _____
- ☒ Radiology Report
- ☐ Lab Results
- ☐ General summary of treatment issues, progress, current functioning
- ☐ Other: please specify _____

This consent may be needed at any time by the patient/client, but ending the consent will not cancel any actions that have already taken as allowed by this form. Unless the client wishes to cancel this consent at an earlier time, it will automatically stop upon the date and/or condition indicated below.

Date: _____ Event/Consent: _____

It is understood that the duration of this consent will not be longer than necessary and reasonable to carry out the purpose for which it is given.

Miranda Bicknell
Patient Name or Authorized Representative (Please Print)

4491
Last 4 of Patient's Social Security #

MBicknell
Patient's Signature or Authorized Representative

Caedra Marzette
Witness Signature (REQUIRED)

06/17/2024
Date

06/17/24
Date

Cerner Imaging Exam Report

Facility: Baptist East

Patient Name: BICKNELL, MIRANDA LYNN BARRETT

MRN: E000299061

FIN: E2415901574

Patient Type: ECT

Accession No: DX-24-0085365

Exam Date/Time: 6/7/2024 12:16

Ordering Physician: Murphy, Jeana A, NP

Resident: Contributor_system, MODAL_SYS

Interpreting Physician: Thomas, Bradley P, MD

Reason for Exam: cough;Cough

DOB/Age/Sex: 3/25/1988 36 Years Female

Location: E-East Imaging/ /

Exam: DX Chest 2 View

Exam Status: Completed

Transcriptionist:

Report Status: Final

Transcribed Date/Time:

Report

BICKNELL, MIRANDA L

EXAM:

DX CHEST 2 VIEW

HISTORY:

cough

COMPARISON:

DX Chest 2 View dated 9/24/2012

FINDINGS

Heart: Normal size.

Lungs: Clear.

Pleura: No effusion or pneumothorax

Bony thorax: Intact

IMPRESSION:

No acute pulmonary disease.

Workstation: EPACS-READ01-PC

Job ID: 1992156

ELECTRONICALLY SIGNED BY: Thomas, Bradley P, MD

PHYSICIAN SIGNED DATE AND TIME 06/07/2024 12:20

TECHNOLOGIST: JSB

*** END OF REPORT ***