

RELEASE OF X-RAYS

PATIENT'S NAME: _____

Films Released To: _____ Date: _____

As requested, we are lending you film(s) as a courtesy for the benefit of this patient.

Since these films are legally a part of our permanent medical records, do not send them to any other physician or hospital without our release and the patient's authorization.

Please return the films within 30 days of this date, or as soon as they have served their purpose.

Your cooperation in this matter will be appreciated, providing us opportunities to extend this courtesy to you in the future.

Recipient of Films: _____ Date: _____
(Signature)

Copy and file in permanent jacket, medical chart, and loan jacket