

The Family Doctor

1728 Fordham Blvd 151 Rams Plaza, Chapel Hill, NC 27514

Phone: (919) 968-1985 Fax: (919) 942-0038

Date: _____

Patient's Name: _____

Chart Number: _____ Date Of Birth: _____

Views being released (chest, foot, etc.) _____

Number of films being released: _____

I am aware that these films are part of my permanent record at The Family Doctor. I understand that I or my caregiver listed below, should return these films to The Family Doctor within thirty (30) days.

Signature of Patient, Parent (if under 18) or Guardian

Released by: The Family Doctor Staff

Films to be taken to:

Doctor/Hospital: _____

Address: _____

Phone: _____ Fax: _____

We are happy to provide you with the enclosed x-rays. They are being released to you with the understanding that they are part of the records at The Family Doctor and that they are the property of The Family Doctor. They are only to be used by a licensed physician in consultation to facilitate treatment or diagnosis.

The charges paid by the patient for these x-rays entitles the patient to an interpretation and a permanent record to be kept in our files. We are responsible for this record and therefore, all x-rays must be returned to us within thirty (30) days.

Your cooperation in seeing that these films are properly returned is greatly appreciated.

Original form to permanent film sleeve

Radiology Department
The Family Doctor

Copy goes in mailing envelope