

Bander Family Medical/ NE Rehab Release of X-Ray films

Patient: _____
D.O.B: _____ Phone: _____

Films taken/mailed to: _____

(____) - _____ - _____

All films taken from this office are the responsibility of the patient or the patient's representative. Films must be returned to this office **within 30 days**. The office will not accept responsibility if the films are not returned in good condition and the information from the film is needed at a later date

LATE FEES

If the films are returned within the original 30 day period there is no charge.

If the films are late there will be a \$10 charge for every month they are over due.

If the films are not returned within a 6 month period then they will be considered lost and there will be a flat \$50 charge.

I understand it is my responsibility to deliver the films to the consulting physician and to return them to Bander Family Medical within 30 days and if not I will be fined.

Signed Relationship to patient Date

Office use:

View released

Date of x-ray

Total number of films released: _____

Released by: _____ MA

Released by: _____
(Person giving film to patient or mailing to other facility)

Date films returned: _____

Accepted by: _____

Date films were placed in chart: _____

Placed by: _____