

## **Record Release**

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Records Released: \_\_\_\_\_

## **Important Notice**

As, requested, we are lending you records/films as a courtesy for the benefits of this patient.

Patient signature provided to give permission to this office to obtain any patient information, diagnostic evaluations, and/or follow up reports.

Patient Signature: \_\_\_\_\_

Staff Initials: \_\_\_\_\_