



MEDICAL GROUP

**RELEASE FOR FILM AND REPORT**

PATIENT NAME: \_\_\_\_\_ CASE NO: \_\_\_\_\_

DATE LOANED: \_\_\_\_\_ REPORT \_\_\_\_\_ FILM \_\_\_\_\_

LOANED TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW SENT: PATIENT: \_\_\_\_\_ MAIL \_\_\_\_\_ OTHER \_\_\_\_\_

AUTHORIZATIONS: PATIENT: \_\_\_\_\_ REFERRING M.D. \_\_\_\_\_

SIGNATURE \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE RETURNED: \_\_\_\_\_

INQUIRES SENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_