



Authorization For Duplication of Digital Images

Copies of x-rays may be obtained from the Radiology File Room. Patient authorization must be given in writing. For inquiries please call 631-638-0649, Fax 631-638-0643

THIS FORM MUST BE SIGNED TO BE PROCESSED

TO BE COMPLETED BY PATIENT

Date: _____

Phone: _____

Patient Name: _____

Date of Birth: _____

Address: _____

Type of X-Rays: _____

Date of Exam: _____

_____ Date of Exam: _____

_____ Date of Exam: _____

Mail To: _____

Will Pick Up? Yes No

Received _____ copies

RECIPIENT SIGNATURE: _____

PATIENT SIGNATURE: _____

MEDICAL RECORD NO.: _____

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