

The Orthopedic Center
510 Idlewild Avenue
Suite 200
Easton, MD 21601
410.826.8226 * 800.464.8226

Authorization to Release X-Rays and MRI's

(24 to 48 hour notice required to process release)

Today's Date: _____ Patient Name: _____

Date of Birth: _____ Phone Number: _____

Treating Doctor: _____ (Office Use) Pt #: _____

What x-rays are needed (body part)? _____

Where are you taking the x-rays? _____

Are you taking the x-rays to a physician we referred you to? **YES** or **NO**

XRAY'S:

Our x-rays are digital and are available in two forms: **Paper** (free of charge) or **CD** (\$3.00 charge). To protect your privacy we will not fax or email any x-rays.

Please select your choice: **Paper** or **CD**

MRI'S:

Our MRI's are available only in CD form. The cost for this is \$3.00. 48 hours notice is required to process the request of an MRI.

Please select your choice: **CD**

It is our office policy that we do not copy x-rays or burn a CD until the patient arrives to pick them up. This process may involve a short amount of wait time. We apologize for the inconvenience.

Please understand The Orthopedic Center may only release images taken at our facility.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____