The Orthopedic Center

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200Easton MD 21601

410.820.8226 * 800.464.8226

Authorization to Release X-Rays

(**24 to 48 hour notice required to process release)**

Today's Date:_____ Patient Name:_____

Date of Birth:_____ Phone Number:_____

Treating Doctor:_____ (Office Use) Patient Account #_____

What orthopedic issue are you requesting x-rays for? (body part)_____

Where are you taking the x-rays?_____

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

XRAYS:

Our x-rays are digital and are available in two forms: Paper (free of charge) or CD ($3.00 charge)

To protect your privacy, x-rays are not faxed or e-mailed.

Please select your choice **Paper or CD**

*****It is the policy of The Orthopedic Center that we do not burn a CD until the patient arrives to pick it up. This process may involve a short wait time. We apologize for any inconvenience.*****

Patient Signature:_____ Date:_____

Witness: _____ Date: _____