ADVANCED CENTERS FOR ORTHOPAEDIC SURGERY & SPORTS MEDICINE

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X-RAY FILM RELEASE

Dear Patient:

Your x-rays constitute a permanent part of your medical record. In accordance with State law, the physician is required to retain all original medical records to includex-ray films. We are happy to release your original x-ray films to your medical doctor. Please understand they must be returned to our office as soon as possible. Failure to return the films within thirty (30) days of the release date of the x-rays could result in a fine assessed by the state of Maryland.

Please return these films to **our Radiology Department at the address indicated below:**

( ) 10 Crossroads Dr., Ste. 210, Owings Mills, MD 21117
( ) 1 Village Sq, Westminster, MD 21157
( ) 1380 Progress Way, Eldersburg, MD 21784
( ) 1001 Twin Arch Road, Suite 3, Mt. Airy, MD 21771

Thank you in advance for your cooperation.

Sincerely,

Radiology Department for
The Advanced Centers for Orthopaedic Surgery
and Sports Medicine

I, the below mentioned patient or guardian for the patient, understand what has been described above and agree to abide by these terms.

_____ _____ _____
Signature of patient or guardian, if minor **Signature Date** **Release Date**

_____ _____
Patient Name **Address**

_____ _____ _____
Telephone Number **Account#** **X-Ray views Released**

_____ _____
Physician name where films sent **Address and Phone Number where films sent**