

**GENESEE ORTHOPAEDICS AND SPORTS MEDICINE, LLP**

33 Chandler Ave  
Batavia, NY 14020  
Phone 585-343-9676  
Fax 585-343-1047

**X-RAY AND/OR DIGITAL IMAGE RELEASE AND DEPOSIT**

I hereby request that my x-ray films and/or digital images be release to myself for the purpose of taking them to the following office:

Name of Doctor or Facility\_\_\_\_\_

Address\_\_\_\_\_

The following films and/or images may be released (it must be specific):

Type of film or image\_\_\_\_\_

Date of films or images\_\_\_\_\_

Any x-ray films done in our office prior to 12/31/07: If you need to borrow x-rays films from our office, a \$20.00 (cash only) **refundable** deposit is required. The deposit will be refunded upon the return of all the x-ray films within a 90 day period.

This release is for one-time use only. Any future requests will need a new signed release by me. I have the right to revoke this authorization at any time. I understand that this must be done in writing to Genesee Orthopaedics.

Patient Name\_\_\_\_\_

Date of Birth\_\_\_\_\_

Phone number of Patient\_\_\_\_\_

Signature of Patient\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_

Date of Signature\_\_\_\_\_

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Staff Notes:

Films prepared on:\_\_\_\_\_ Number of films\_\_\_\_\_

Prepared by:\_\_\_\_\_

Deposit paid (amount)\_\_\_\_\_ Date\_\_\_\_\_

Deposit refunded (date/initials)\_\_\_\_\_