

DISC AND FILM RELEASE

Patient name: _____

Date of Scan(s): _____

Type of Scan(s): _____ Priors: YES NO

I _____ hereby authorize Dynamic Medical Imaging, located at 73-76 Grand Avenue, Maspeth NY to release an electronic disc or a set of films to me so that I can keep my films or disc as part of my medical record for future reference.

I also hereby release Dynamic Medical Imaging from any and all legal responsibility or liability that may arise from release of these films or disc.

Patient/Guardian Signature: _____ Date: _____