

Upper Bucks Orthopaedics Association

Image Release Form

Upper Bucks Orthopaedics requires 48 hours notice for release of MRI/X-ray images.

Patient Name: _____

Date of Birth: _____

X-rays - \$10.00

MRI - \$15.00

For films obtained prior to 10/31/2011, Upper Bucks Orthopaedics is releasing the original films to you. Please return the films within 30 days.

Body Part: _____

Date of Service: _____

Number of Films: _____

Date of Request for Release: _____

Reason for Release of Images: _____

Patient Signature (or Patient's Legal Representative)

Date

Date Returned _____