

CONSENT TO RELEASE PATIENT X-RAYS

Date: _____

Forward to:

Doctor _____

Address: _____

For valuable consideration, I hereby irrevocably consent to and authorize the use by you, or anyone authorized by you, the loan or copy of any and all x-rays that you have taken of me for any purpose whatsoever, to Dr. _____ without further compensation to me. All original films shall constitute your property, solely and completely.

I am over 19 years of age: Yes _____ No _____

Patient Name: _____

Patient Address: _____

Patient Signature: _____

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If the patient is under the age of 19 years, a parent or guardian should give consent as follows:

I hereby certify that I am the parent or guardian of _____, the model for whom named above, and for value received I do give my consent without reservations to the foregoing on behalf of him or her or them.

Date: _____

Print Name: _____

(Parent / Guardian)

Signature: _____