

AUTHORIZATION FOR RELEASE OF XRAY FILMS

I, _____, hereby authorize _____ County
(physician)

Hospital to release the following Xray films contained in _____
(patient name)

_____ 's Xray folder to _____
(patient name) (name of person or agency)

_____ receiving films)

County Hospital and it's representatives are hereby released from any and all legal liability that may arise from the release of the films requested.

DATE _____ **SIGNED** _____
(patient or legal representative)

(relationship if signed by other than patient)

WITNESS