



# Mercer-Bucks Orthopaedics, P.C.

Diplomates American Board of Orthopaedic Surgery

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## X-RAYS RELEASED TO PATIENT (file in x-ray section of chart)

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

OFFICE RELEASED FROM: \_\_\_\_\_

RELEASED BY: (Employee's Name) \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

1/18/06