



**Mercer-Bucks Orthopaedics, P.C.**

*Diplomates American Board of Orthopaedic Surgery*

**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 : \_\_\_\_\_