X-RAYS X-RAYS X-RAYS X-RAYS X-RAYS

RELEASED

FROM ______ TO ____

OFFICE OF _____

X-RAY RELEASE LOG PATIENT SIGNATURE REQUIRED

PATIENT CONTROL #	DATE FILM TAKEN	PATIENT NAME LAST INIT. FIRST	RELEASED TO: (NAME OF REQUESTING DOCTOR OR FACILITY)	DATE RELEASED	DATE OF RECALL	DATE RETURNED	TECHNICIAN OR DR. I.D. #