



DISC AND FILM RELEASE

Patient name: _____

Date of Scan(s): _____

Type of Scan(s): _____ Priors: YES NO

I _____ hereby authorize North Dover Open MRI, located at 1215 Route 70 West, Suite 1003 in Lakewood NJ to release an electronic disc or a set of films to me so that I can keep my films or disc as part of my medical record for future reference.

I also hereby release North Dover Open MRI from any and all legal responsibility or liability that may arise from release of these films or disc.

Patient/Guardian Signature: _____ Date: _____