## **NEOS**

## New England Orthopedic Surgeons

300 Birnie Avenue Suite 201, Springfield MA 01107-1107

## RADIOLOGY FILM RELEASE FORM

PATIENT NAME :	DOB:
BODY PART:	
FILMS GOING TO:	
SIGNATURE	
DATE	
You have requested copies of your X-Ray Films.	
The cost of copies is \$10.00 for one CD containing all re	quested films.
Please complete the above release form, enclose your ch Orthopedic Surgeons and Mail to:	eck made payable to New England

**Radiology Department** 

**New England Orthopedic Surgeons** 

300 Birnie Avenue- Suite 201

Springfield, MA 01107

Upon receipt of this release and your check, we will mail your x-ray CD to the above listed address.