



OUTSIDE FILMS/CD FORM

Date: 5/30/18

Patient Name: EPSTEIN, JEFFREY

Medical Record Number #: 0315192

Do you have any relevant outside studies (films/CD) with you?

Yes No

If Yes, please check the box as to how you would like your outside images returned

- Upload CD to our system and take back with you
- Return CD/Film to my home address on file
- Return CD/Film to my referring physician

Patient Signature _____

Front Desk Receptionist Name _____

Front Desk Receptionist Signature _____