

## REQUEST TO MAIL RADIOGRAPHIC FILMS

I authorize San Diego Orthopaedic Associates ("SDOA") to mail my radiographic films to the address below.

I acknowledge that I have been advised of the following:

- Radiographic films are part of my permanent medical record, and SDOA recommends that I hand-carry them to their destination
- It may take 10-14 days for radiographic films to arrive at their destination via U.S. Mail
- SDOA cannot be held responsible for films that are lost or delayed in the mail

Patient Name: \_\_\_\_\_ (please print)      Phone: \_\_\_\_\_

Films authorized to be mailed:

- X-rays taken at SDOA
- Radiographic films from another facility (i.e. MRIs, CTs, other X-rays)

Destination:

Doctor/Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*PLEASE FAX THIS FORM TO SDOA AT 619-299-1948**