

IMPORTANT NOTICE!

As requested, we are lending you films as a courtesy for the benefit of this patient.

Since these films are legally a part of our permanent office records, do not return the films to the patient, or send them to any other physician or hospital without our release.

Please return the films to this office within thirty days of the date below.

Your cooperation in this matter will be appreciated so that we may extend this courtesy to you in the future.

Date _____

Thank you,

Dr. _____ Phone _____

Address _____

Patient's Name _____ No. _____