Capital Imaging

4927 Auburn Avenue, Suite T-25
Bethesda, Maryland 20814
Phone (301)718-3411 Fax (301) 718-0805

Date: _____

Patient Name: _____

Films will be released to:
___ Patient
or
___ Delivered to: _____

Please send the radiology report to the following additional physicians:

Name	Fax Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that if additional copies of films/CDs are requested there will be an additional charge. Studies generated on a CD will cost $25.00. If films are printed, the charge will be $15.00 per sheet. The payment will be collected prior to printing/burning the images.

Signature of patient: _____

Note: If your doctor doesn't need your films for surgery or further evaluation, make sure you take your films with you.