

**HAND AND MICROSURGERY ASSOCIATES, INC.**

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[www.handandmicro.com](http://www.handandmicro.com)

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

I authorize the release of x-rays for \_\_\_\_\_.

These x-rays are being taken to:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

I understand that these x-rays are part of my permanent record and must be returned to Hand and Microsurgery Associates, Inc. within 30days.

Signed: \_\_\_\_\_

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

X-ray Tech: \_\_\_\_\_