

Northwestern Medical Imaging

1946 45th Street

Munster, IN 46321

P: 219-924-0710 F: 219-924-2172

Requesting Date: _____

Pick-Up Date: _____

Patient Acct # _____

FILM RELEASE

Patient Name: _____

Exam(s):

Date(s) of Service:

1. _____
Report

Films CD

2. _____
Report

Films CD

3. _____
Report

Films CD

Enclosed are your MRI/CT films and or CD-rom.

**** Please make sure to store them in a cool and dry location ****

I accept the responsibility for the above MRI/CT films and or CD-rom.

If these films are lost or damaged, I understand that there will be an additional charge of \$40 per film set and/or \$5 per CD-rom to replace.

Signature

Date