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Radiograph Release

I, _____, understand that radiographs taken by Riverbend Equine Medical Center, PLLC are a permanent part of the patient's medical record. They remain the property of Riverbend Equine Medical Center, who is required by law to maintain these records.

By signing this release, I understand that I am responsible for returning these radiographs to Riverbend Equine Medical Center within 30 days.

Client Signature: _____ Date: _____

Horse: _____ Date Radiographs taken: _____

Referral Veterinarian: _____ Phone: _____

Date Returned: _____