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W. David McChesney, M.D., P.A.
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Kimberlea W. Staton, M.D.
Clifford L. DePrang, M.D.
Matthew P. Cabbage, M.D.

Date _____

Please be informed that under Texas State Law, your x-rays are the property of the establishment which produced them. The charge you incurred entitles the patient to an interpretation and permanent record to be maintained in our files.

You have the right to sign out your films to another doctor or medical institution. It is your responsibility however, to see that the films are returned to us within **60 days**. It is, of course, acceptable for another medical institution or your physician to return these documents to us. If they must be left with your doctor or medical institution, please notify appropriate personnel to return them as soon as possible. Should you need copies of your films, they are available at an additional cost.

We reserve the right to insist on the return of these films at any time, even within your **60 day** loan period.

I have read and understand as well as agree to the above conditions. **(Patient Signature)**

Release to:

Doctor _____

Address _____

X-Ray _____

MRI _____

Patient Name (print) Date of Birth

Patient Address

City State Zip

() _____
Patient Telephone

Witness

11800 FM 1960 West
Houston, Texas 77065
Tel: (281) 955-7577
Fax: (281) 955-5875

13300 Hargrave Road
Suite 400
Houston, Texas 77070

455 School Street
Suite 24
Tomball, Texas 77375