Putnam North Family Medical Center
11220 N. Rockwell
Oklahoma City, OK 73162
405-722-9474
Fax 405-722-9463

X-RAY RELEASE REQUEST

Patient Name:_____ Date:_____

X-Ray # _____

Checked Out To: _____

Address: _____

Phone Number: _____

I understand that the x-rays being released must be returned to the Putnam North Family Medical Center within 30 days from the date that they were released.

_____ _____
Signature Date