

ADVANTAGE

—MRI—

Excellence in High Field Imaging

CD/Film Release Form

Upon completion of my MRI procedure, I will be given a copy of my exam, either on a CD or films. I understand that this is my copy to keep and by signing this release, I will accept any charges that apply to replace the CD or films as needed.

The price to replace a CD is \$15 and films are \$15 per sheet.

Patient Signature: _____

Date of service: ____/____/____