

Records Release/Request

I hereby authorize the release of my x-rays or copies of such and request:

Transferring to another Dr. from Dr. Carter's office.

Picking up x-rays to take with me to another office.

Transferring to Dr. Carter's office.

Dr. John C. Carter
4907 Brambleton AV
Roanoke VA 24018
540-774-3143
540-774-0928 fax

Print Name of Patient

Date

Signature