

FOR OFFICE USE ONLY: **FEE PAID: AMT \$ _____ DATE: _____ INIT: _____**

Rcvd by Med Records: Date _____ Init _____ Pt Called (P/u only): Date _____ Init _____ Picked-up (ID Verified): Date _____
Rcvd by Film Library: Date _____ Init _____ Mailed/Faxed: Date _____ Init _____ Init _____

Patient Signature (Pickup only): _____ Date: _____