

**ORTHOPAEDIC SURGERY AND REHABILITATION ASSOCIATES**

**X-RAY SIGN OUT SHEET**

DATE: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

PHYSICIAN ORDERING X-RAYS: \_\_\_\_\_

1) Date x-rays were done: \_\_\_\_\_

2) Office where x-rays done: \_\_\_\_\_

3) When do you need the disc by? \_\_\_\_\_

4) Office where you want to pick up the disk: \_\_\_\_\_

\* Please note that it takes up to 48 hours to make disc available  
The patient will receive a call when the disc is done.