University of Michigan Health Systems copy service release form

I		of		
Nan	ne	Address		_
hereby request release of my radiology material described				
as all x-ray films as described on the attached subscena or letter request to				
RECORDS DEPOSITION SERVICE 120 W. MADISON ST., STE. 300 CHICAGO, IL 60602 P: 312.553.8900 F: 312.553.8901				
I understand that the above record copy service will be solely responsible for the safe keeping and timely return of the material to the University of Michigan Health System (UMHS) Department of Radiology. If this record copy service does not return the material in good condition and in a timely manner, I understand that UMHS will not be responsible for any liability that may arise from the materials not being available.				
Authorization signed by a legal representative must include a copy of the Guardianship papers for a Power of Attorney				
Signed by:_			Date	
Patient, Parent, Legal Representative				
	Type of exam	Date of ex	am # of Films	
Films recei	ved	(Date)		
Name of record copy service				
I acknowledge that the material was released to me in good condition. I understand that we will be solely responsible for the safekeeping of this material and must return the material to the University of Michigan Health System (UMHS) Department of Radiology within 7 days. I understand that we assume full responsibility for the safe transport and timely return of said materials in good condition.				
Pigned ph."	Agent for record c	opy service	Da	te
Films return	ned to file room:		(Date)	