

Drs. Steiner & Ventrucchi  
7373 147<sup>th</sup> St. W. #116  
Apple Valley, MN 55124  
Phone (952)432-8110  
Fax (952)432-4457

**X-RAY RELEASE FORM**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Release Records From:**

Drs. Steiner & Ventrucchi

Address 7373 147<sup>th</sup> St. W. #116

Apple Valley, MN 55124

**Send Records To:**

Dr. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

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Patient Signature

Date

