

# The Foot and Ankle Wellness Center of Western Pennsylvania

## Radiograph Policy

I hereby authorize The Foot and Ankle Wellness Center to release my radiographs. I understand that the radiographs are to be used by a licensed physician/practitioner in the consultation to facilitate his/her treatment or diagnosis. I understand that the radiographs are part of my permanent record and that The Foot and Ankle Wellness Center is legally responsible for this permanent record. It will therefore be my responsibility to make sure these radiographs are promptly returned to The Foot and Ankle Wellness Center after they have been evaluated by another physician/practitioner. If another physician/practitioner desires a set of radiographs for his/her permanent record, he/she may copy and then promptly return the radiographs to The Foot and Ankle Wellness Center.

Patient Name: \_\_\_\_\_  
*Print Name*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Radiographs Released to (Name of Dr. or Facility): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**Ford City Location**  
313 Ford Street  
Ford City, PA 16226  
P: (724) 763-4080  
F: (724) 763-4083

**Butler Location**  
100 Evans Road  
Butler, PA 16001  
P: (724) 841-0188  
F: (724) 841-0189

Toll Free: (844)-FOOTDOC (366-8375)

**Monaca Location**  
3578 Brodhead Road  
Monaca, PA 15061  
P: (724) 775-6168  
F: (724) 775-2633

**Grove City Location**  
675 N. Broad Street Ext, Suite 2  
Grove City, PA 16127  
P: (724) 450-1144  
F: (724) 450-1140



[www.fawcpa.com](http://www.fawcpa.com)