

ROCKY MOUNTAIN CHIROPRACTIC & SPORTS INJURY CENTERS, P.C.

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To: _____

The enclosed x-rays are the property of Rocky Mountain Chiropractic & Sports Injury Centers, P.C. They have been provided as a courtesy for your evaluation. Please return these films to our office within 30 days.

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The patient, _____, has checked out the following
x-ray studies from our office.

Views checked out: _____

Patient Signature: _____

Date: _____