



PATIENT RELEASE OF MAMMOGRAM FILMS & REPORTS

Please check preferred option for us to receive previous films & reports:

- o Courier pickup of previous mammogram films & reports.
- o Patient will pick up films, please call patient when they are available.
- o Please mail all mammogram films and reports to:

**Texas Health Presbyterian Hospital
Flower Mound - Women's Imaging Center**

2560 Central Park Avenue, Suite 240 | Flower Mound | TX 75028

www.TexasHealthFlowerMound.com

IF YOU ARE UNABLE TO LOCATE ANY RECORDS ON THIS PATIENT, PLEASE NOTIFY US AS SOON AS POSSIBLE.

Phone# 469-322-7729

Fax# 469-322-7857

PATIENT NAME (PRINT) _____

DATE OF BIRTH _____

HOME PHONE# _____ **CELL PHONE#** _____

PATIENT SIGNATURE _____ **DATE** _____

I authorize The WIC at Texas Health Presbyterian Hospital Flower Mound to obtain my original mammogram films and copies of my mammogram reports from:

LOCATION of YOUR MOST RECENT MAMMOGRAM:

NAME _____

ADDRESS _____ **CITY** _____ **STATE** _____

PHONE# _____ **FAX#** _____

DATE FAXED _____