

REQUEST FOR DIGITAL MAMMOGRAMS/ REPORTS

Copies of current digital mammograms may be requested for physician appointments outside our facility. The copy films can be kept by you to take to multiple appointments, and do not need to be returned. Your original digital mammogram is kept here in our office. If you are transferring your care to another facility with digital mammography, it may be preferable to have a disc of your images instead of films. Please check with the receiving facility to make this determination before you complete this form.

The first disc or copies of images is **FREE**. If you need more than one set of either films or disc the charge will be \$35.00 per set of discs or film. Please do not lose or damage your first set of copies, you will be charged after the initial **FREE** set of films each time a request is made. The copies should be kept in a cool dark environment.

Original films from earlier mammograms at our office and films from an outside facility, will **NOT** be included unless you specifically request that they be released.

According to the Health Insurance Portability and Accountability Act of 1996 (HIPPA), a patient signature is required in order to release **film and/or reports**. Please complete and sign the bottom portion of this form.

Patient Name: _____ File Number: _____

Date: _____ Specific copies requested: _____

Amount Due: \$ _____ DISC: _____ FILM: _____

Please circle one of the following:

1. Method of Transfer of Original films

- Fed-Ex - \$35.00
- Regular Mail \$15.00
- I will pick up in person

Method of Payment:

- Cash/Check _____
- Visa/Mastercard # _____ Exp. Date: _____

2. Destination: _____

Medical Facility/Physician Name: _____

Address: _____

Attention: _____

Phone Number: _____

Is this a permanent transfer ? Yes / No

Signature: _____

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