



2240 NW 19<sup>th</sup> Street Ste. 701 Boca Raton FL 33431  
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## MAMMOGRAPHY FILM RELEASE

Please fax this form to 561.361.7873

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**FILM RELEASE EXPIRES ONE YEAR FROM THE DATE SPECIFIED ABOVE.**

The radiologist may want to compare your mammogram with any previous mammograms you have had performed elsewhere. Comparison is an essential part of mammography interpretation. Please follow up after today's visit to confirm that your films have been received.

Previous Mammogram Institution:

\_\_\_\_\_

Fax Number:

\_\_\_\_\_

Please send ALL PRIOR breast imaging.

Please send CD or films along with reports and this film release to:

Care Diagnostics for Women  
ATTN: Film Librarian  
2240 NW 19<sup>th</sup> Street Ste. 701  
Boca Raton, FL 33431

Patient Signature: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_

Notice of disclosure: This information has been disclosed to you from records whose confidentiality is protected by Florida State Statutes and Federal law. These laws prohibit you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by State/Federal law.

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