

BRIGHAM HEALTH



**BRIGHAM AND WOMEN'S
Faulkner Hospital**

1153 Centre St.
Boston, MA 02130
T: 617-983-7090
F: 617-983-7091

To: _____

(Institution records requested from)

MAMMOGRAPHY FILMS AND REPORT REQUEST

Please send Breast Imaging Films and Reports on the following patient:

Patient Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Please send ALL films to:

Brigham and Women's Faulkner Hospital
Sagoff Breast Imaging and Diagnostic Center
1153 Centre St
Boston, MA 02130
ATTENTION: Maura Brown

Please Note: If the patient does not have films at your facility, please contact Maura at 617-983-7090

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize _____, to release information requested above to the Brigham and Women's Faulkner Hospital.

Signed: _____

Date: _____