

MERCY OUTPATIENT IMAGING

1813 W. Harvard Avenue, Suite 411

Roseburg, OR 97471

Phone: (541) 677-4418

Fax: (541) 677-4518

Authorization for release of Mammograms and/or X-rays for Continuum of Care

Please send **Mammograms/Breast Imaging Studies** and/or **X-rays**
with reports to the above address for the purpose of continuum of care.

Facility Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Patient Name: _____

DOB: _____ Date of Exam: _____

Previous Names: _____

Patient's Signature: _____

Is this a permanent transfer of records? Yes No

I hereby request my original Mammogram films and/or X-rays plus copies of reports to Mercy Outpatient Imaging, as per Food and Drug Administration mammography QUALITY Standards Act (MQSA) regulations. I recognize that the information disclosed may contain information that is protected by Federal and State law. I specifically consent to disclose such information.

If you have any questions or are unable to send the films, please note reason below and fax this form to (541) 677-4518 or call our office (541) 677-4418.

REASON FILMS ARE NOT AVAILABLE:

No record of patient at this facility

Films loaned to another facility

File purged

Other: _____