

UCSF Medical Center

To: Breast Imaging Film Library

Facility Name

Facility Address

Facility Phone and Fax Number

From: UCSF Medical Center at Montgomery Street – Department of Radiology
Breast Imaging Section
1600 Divisadero Street – Film Library, A118B
San Francisco, CA 94115-1667
Tel: (415) 885-7466

Date: _____

Re: Patient Authorization for release of all prior Mammography, Breast Ultrasound, Breast MRI exams and reports for comparison to current UCSF exams.

I, _____
Print: Last Name, First Name Date of Birth

Print: Facility Medical Record Number

Date of Last Exam

authorize the release of my breast imaging exams to be sent to the above address at UCSF Medical Center. These records will be returned to your facility unless otherwise requested. Please enclose a copy of this form when sending my records. Thank you for your prompt response.

Signature

UCSF Exam Label Here: