

Oakland MRI & Diagnostics  
259 North 4<sup>th</sup> Street  
Oakland, MD 21550

Phone: 301-533-4674

Fax: 301-533-1077

## BREAST IMAGING REQUEST FORM

WE PREFER IMAGES ON CD WITH *DICOM* FORMAT IF POSSIBLE

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

To: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

To Whom It May Concern:

We are requesting any breast images and reports be sent to our facility on

\_\_\_\_\_ DOB: \_\_\_\_\_.

Please send the last (3) three mammograms and any ultrasound images on DICOM CD. Please include any breast biopsy reports as well.

Thank you for your cooperation.

Sincerely,

Oakland MRI & Diagnostics

I authorize the release of my breast images and reports to Oakland MRI & Diagnostics.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Witness