

5520 College Blvd, #100 Overland Park, KS 66211 4911 S. Arrowhead Dr, #100 Independence, MO 64055 5400 North Oak, #206 Kansas City, MO 64118 301 NE Mulberry, #100 Lee's Summit, MO 64086 13795 S. Mur-Len Rd, #100 Olathe, KS 66062 4801 Main, #200 Kansas City, MO 64112

MEDICAL RECORDS RELEASE

Location of last mammogram/breast sonogram/breast MRI

Name of Facility: _____

Address of Facility: _____

City/State of Facility: _____ Zip Code _____

Different Last Name of Patient (if applicable) _____

Date of Birth: _____ - _____ - _____

Types of Exams/Reports/Results requested: _____

Please sign the medical release below, so that we may obtain your latest mammogram for comparison.

I hereby authorize and request you to release all breast imaging medical records, including copies of reports in your possession to Diagnostic Imaging Centers, P.A.

_____ **X** _____
Please print name Patient or authorized signature Date