

**Women's Life Imaging Center**  
200 Route 108, Suite 3 Somersworth, NH 03878  
Tel: 603-742-6673 Fax: 603-742-6757

Date of Request: \_\_\_\_\_  
PID # \_\_\_\_\_

**REQUEST FOR RELEASE OF ALL BREAST IMAGING  
ON CD (PREFERRED) OR FILM AND REPORTS**

Patient Name: \_\_\_\_\_  
(Please give name you had at the time films were taken as well as name now)

DOB: \_\_\_\_\_ Social Security: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

I have an appointment at Women's Life on: \_\_\_\_\_

I am requesting all of my original Breast Imaging  
CD (Preferred) or FILMS and Reports be sent to:

**Women's Life Imaging Center  
200 Route 108, Suite 3  
Somersworth, NH 03878**

It is my request that Breast Imaging CD/Films be:

- TEMPORARY RELEASE:** Breast Imaging films/cd will be returned to sending facility upon completion of the exam comparison.
- PERMANENT RELEASE:** Breast Imaging films/cd will be stored at Women's Life Imaging and not returned to the sending facility.

**PATIENT SIGNATURE**

**DATE**

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WLIC called / sent / faxed for films/cd on \_\_\_\_\_ Initials: \_\_\_\_\_  
\_\_\_\_\_ Initials \_\_\_\_\_