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LABEL

RELEASE OF INFORMATION

There are times when we need to release or request medical information to or from your physician(s) or medical facilities involved in your care. This may include but is not limited to requests for prior studies or reports of these studies.

I give permission to the Breast Center of Greensboro Imaging to give or receive medical information and films to or from other physicians and medical facilities involved in my care.

I authorize release of medical information to Greensboro Radiology, the interpreting provider.

Date

Patient Signature