



1002 NORTH CHURCH STREET, SUITE 401

GREENSBORO, NC 27401

TEL: 336-335-1192

FAX: 336-271-4948

### MAMMOGRAPHY RELEASE FORM

**Please email completed and signed form to: [bcgmedrec@greensboroimaging.com](mailto:bcgmedrec@greensboroimaging.com) or mail to address above**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Last Name (if applicable): \_\_\_\_\_

Date of Previous Exam: \_\_\_\_\_

Name and address of Facility or Hospital where imaging was performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature releasing images: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send all reports with images on DICOM CD to:**

**The Breast Center of Greensboro Imaging  
1002 N. Church Street, Suite 401  
Greensboro, NC 27401**