For Office use only
Patient Account Number

_____

Mammography Film Release Form

virginia physicians FOR WOMEN

Information to Patient

Thank you for choosing to schedule your mammogram with Virginia Physicians for Women (VPFW). After the mammogram is performed, a qualified radiologist will read your images. To provide you with the best quality of care, we would like you to request your most recent mammogram from the prior facility. You will need to complete this form then fax or mail (not e-mail) your prior facility's mammography department preferably 2 weeks prior to your scheduled appointment to ensure they arrive in a timely manner. If previous films are not available at the time of your appointment, your reading may be delayed until comparison studies arrive.

Acceptable methods of obtaining images:

☐ **Electronic transfer by means of Emix Technology to jwyatt@raservicesbilling.com**

OR

RadConnect to Radiology Associates of Richmond,Inc

☐ Digital CD's

Please send all CD's and/or films to our main location:

Virginia Physicians for Women
10710 Midlothian Tnpk.
Suite 200
Richmond, VA 23235
804-897-2100 804-897-2107 fax

Patient Name_____DOB_____

Facility_____

Address_____

City_____State_____Zip_____

Phone_____Fax_____

I am requesting a copy of my previous mammogram and/or breast ultrasound images from the above entity for the purpose of comparison to current mammographic studies. As the person signing this contract, I understand that I am giving permission to the above named provider for disclosure of confidential health care records. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the person who is in possession of my records. A copy of this consent and a notation concerning the persons or agencies to whom disclosure was made shall be included in my original records. The person who receives the records to which this consent pertains may not re-disclose them to anyone else without my separate written consent unless recipient is a provider who makes disclosures permitted by law.

Patient Signature_____Date_____

Contact Technologist:_____Date_____

Revised: May 2017