915 Highland Blvd.
Bozeman, MT 59715
Phone: (406) 585-5041
Scheduling: (406) 556-5201
Fax: (406) 522-1657

AUTHORIZATION FOR RELEASE OF MAMMOGRAPHY IMAGES OR FILES FOR CONTINUANCE OF BREAST CARE

I, the undersigned authorize the release of my mammography images or files to Advanced Medical Imaging. I release Advanced Medical Imaging from all legal liability that may arise from release of information. These are to be retained at Advanced Medical Imaging permanently. ______ **YES** ______ **NO**

Patient/Guardian Signature: ______________________________________ Date: ______________________

Patient Name: __________________________________ Previous Name (if different): ___________________

Social Security #: _________________________________Date of Birth: ______________________________

Patient Phone#__________________________________

Facility Where Prior Mammograms/Breast related Imaging or Procedures Were Performed:

Facility Name: ____

Facility Address: ____

Facility Phone #: ___________________________________ Facility Fax #: ____________________________

We are requesting all the following:

Mammograms (Films/Images and Reports)
Breast Ultrasound (Films/Images and Reports)
Breast biopsies (Films/Images and Reports)
Pathology Reports for Breast procedures
Breast MRI (Images and Reports)

Please send to the following address:

Advanced Medical Imaging
Attn: Film Library
915 Highland Blvd.
Bozeman, MT 59715
(406) 585-5041
Fax: (406) 522-1657

CONTACT PERSON: _________________________