



CHESAPEAKE REGIONAL MEDICAL CENTER

MAMMOGRAM FILMS AND REPORTS RELEASE FORM

844 Battlefield Blvd, North, Chesapeake, Virginia, 23320

Phone (757) 312-6336

Fax (757) -312-6668

Preferred Chesapeake Public School Employee,

Please fill out and sign this form to enable Chesapeake Regional Medical Center (mammography department) to obtain your prior mammogram films and reports. These will be used for comparison with your new studies. PLEASE fax this form to the number highlighted above. Thank you.

Date _____

(Name of Prior Facility)

(Address, City, ST, Zip)

(Phone)

(Fax)

(Patient Name)

(SS#)

(Date of Birth)

PATIENT SIGNATURE / DATE _____

Please give us a call (757-312-6336) if you are unable to locate the patient's films.

MR# _____

File Room Clerk _____