

MAMMOGRAM FILM RELEASE REQUEST

Date: _____

Facility Name: _____

Patient Name: _____

Street: _____

Other Name(s) Used: _____

City: _____

DOB: _____

State: _____

Email: _____

Phone: _____

Fax: _____

Images - Please send three (3) years of bilateral mammograms within the past ten (10) years.

Patient/Staff Signature: _____ Date: _____ Time: _____

 CONTINUATION OF CARE

Please send ASAP all Reports via Fax # _____

Send via Nuance Powershare > **Munson Healthcare** > **MMC-PACSAdmin@mhc.net** (email)

OR send CD via FedEx Express Priority Overnight. FedEx # _____

Please mail to address checked below:

We would appreciate the loan of any and all original mammography images, CD's and reports on the above patient. This is at the request of our Radiologist for comparison to the most recent images. Please mail them to the address marked below:

 Kalkaska Memorial Health Center**Radiology Department**1105 Sixth Street
Traverse City, MI 49684
231-258-7510
Fax: 231-935-3204 **Munson Healthcare****Smith Family Breast Health Center**4100 Park Forest Dr., Suite 203
Traverse City, MI 49684
231-392-7117
Fax: 231-935-3204 **Munson Healthcare Cadillac Hospital****Radiology Department**400 Hobart Street
Cadillac, MI 49601
231-876-7783
Fax: 231-876-6049 **Munson Healthcare Manistee Hospital****Radiology Department**1465 E. Parkdale Ave.
Manistee, MI 49660
231-398-1147
Fax: 231-398-1408 **Munson Healthcare Charlevoix Hospital****Breast Imaging Department**14700 Lake Shore Dr.
Charlevoix, MI 49720
231-547-8792
Fax: 231-547-8082 **Munson Healthcare Otsego Memorial Hospital****Radiology Department**1105 Sixth Street
Traverse City, MI 49684
989-731-2174
Fax: 231-935-3204 **Munson Healthcare Grayling Hospital****Breast Imaging Department**1100 Michigan Avenue
Grayling, MI 49738
989-348-0350
Fax: 989-348-0426 **Munson Healthcare Paul Oliver Memorial Hospital****Radiology Department**1105 Sixth Street
Traverse City, MI 49684
231-352-2225
Fax: 231-352-2222