



1002 NORTH CHURCH STREET, SUITE 401

GREENSBORO, NC 27401

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MAMMOGRAPHY RELEASE FORM

Please email completed and signed form to: 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**