

## **Outside Facility Mammography Film Request Form**

Date:		
Name of O	utside Facility	_
Address		
Phone#	Fax#	
	ing patient	_
	LC#	_
-	g their mammogram films be sent to the facility listed	
below. Ple	ase send the three most recent mammography studies	
and reports	•	
**Please so mammogra	end hard copy films along with a CD copy for digital ams.	
	Lahey Clinic North Shore One Essex Center Dr. Peabody, MA 01960 Attn: Breast Imaging Department	
	(978)538-4660	
Thank You Breast Imag	ging Department, Lahey Clinic	
Patient Sign	nature:	_
Previous N	ame	_
Patient Pho	one#	

## **Patients and Physicians**

Please fax or mail this completed form, including patient signature, to the Breast Imaging Department if you would like us to obtain these films for you. Fax # (978)538-4566