



Outside Facility Mammography Exam Request Form

Date: _____

Name & address of outside facility: _____

Phone: _____ Fax: _____

The following patient:

Name: _____

DOB: _____ LC#: _____

is requesting their mammogram studies be sent to the facility listed below.
Please send the five most recent mammography exams and reports along with this form.
Please send paper copies of reports.

Please send digital mammograms by way of CD if possible

Please contact us if you do not have any record of this patient.

Lahey Outpatient Center, Lexington
Attn: Krissy Mallinson
Breast Imaging Department
16 Hayden Avenue
Lexington, MA 02421

Phone: 781.372.7035 · Fax: 781.372.7166

Patient's signature: _____

Patient's previous name: _____

Patient's phone: _____