



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 Medical Center, Peabody
Breast Imaging Department
One Essex Center Drive
Peabody, MA 01960**

Phone: 978.538.4660 · Fax: 978.538.4566

Patient's signature: _____

Patient's previous name: _____

Patient's phone: _____