



Image Management Center
12040 NE 128th Street
Kirkland, Washington 98034
Phone (425) 899-1828
Fax (425) 899-1804

I am scheduled for a mammogram examination at Evergreen Health Breast Center in Kirkland, Washington.

In order to make this exam most effective, I am requesting that you send my previous mammography and breast ultrasound images (DICOM-CD) for the past 10 years, with printed reports from the following facility, or by Emix-grpimagemanagement@evergreenhealth.com.

Facility Name: _____

Phone: _____

Fax: _____

All materials should be mailed to the address above.

Patient _____

Signature _____

Date _____

Date of Birth _____

____ I have permanently relocated to Washington State. Please release all mammograms and ultrasound images to Evergreen Health in conjunction with FDA regulations.

____ Requested ____ Films rcvd ____ Reports rcvd ____ Notified Breast Center