



EvergreenHealth Medical Center
Image Management Center
12040 NE 128th Street
Kirkland, WA 98034
Phone: (425) 899-1828
Fax: (425) 899-1804
Attn: Debbie

I am scheduled for a mammography examination at EvergreenHealth Breast Health Center in Kirkland, Washington.

In order to make this exam most effective, I am requesting that you send my previous Mammography and Breast Ultrasound exams from the following facility for comparison as soon as possible.

Facility Name: _____

Address: _____

Phone Number: _____

Please provide all digital /DICOM images on CD and include a copy of the written report(s). All materials should be mailed to the address above.

Thank you for your cooperation and prompt attention to this request

Patient: _____

Signature: _____

Date of Birth: _____

SSN#: _____

Phone Number: _____

- I have permanently relocated to Washington State. Please release all mammograms to Evergreen Hospital in conjunction with FDA regulations.