



at Texas Oncology–Amarillo Cancer Center
1000 S. Coulter • Amarillo, Texas 79106 • 806 / 457-2060

Patient Authorization for Release of Films and Documents

Patient Name: _____ DOB: _____

Address: _____

City, State & Zip _____

Please release my previous mammography films, breast ultrasounds, breast pathology, and reports:

From: _____

To: Texas Breast Specialists

1000 S Coulter

Amarillo, Texas 79106

X **TEMPORARY RELEASE**

I understand that I am requesting my films to be temporarily forwarded to the above named facility.

Patient's Signature

Date

****PLEASE SEND DIGITAL IMAGES ON DISC IN DICOM FORMAT.****
****IF DICOM IS NOT AVAILABLE, PLEASE SEND COPIES ON FILM.****

Please check one and fax back along with reports to 457-2064:

_____ Film and or Disc in DICOM format will be mailed on: _____ initials: _____

_____ NO FILMS / Images on record at this facility.