



## Authorization For Duplication of Digital Images

**Copies of Digital Images can be obtained at the Digital Imaging Library.**

For inquiries, please call (631) 638-0649 or Fax: (631) 638-0643.

**Copies of Breast Imaging can be obtained at Carol Baldwin Breast Center**

For inquiries, please call (631) 638-0618 or Fax: (631) 638-0623.

### TO BE COMPLETED BY PATIENT

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

*Type of X-Rays:* \_\_\_\_\_

Date of Exam: \_\_\_\_\_

\_\_\_\_\_

Date of Exam: \_\_\_\_\_

\_\_\_\_\_

Date of Exam: \_\_\_\_\_

**Breast Imaging:**

Mammo, U/S: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

MRI Breast: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Mail To: \_\_\_\_\_

Will Pick Up?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

Received \_\_\_\_\_ copies

RECIPIENT SIGNATURE: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

MEDICAL RECORD NO.: \_\_\_\_\_

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