



## Women's Imaging Release Form

I, \_\_\_\_\_ DOB \_\_\_\_\_,  
authorize permanent transfer of ALL of my breast imaging studies (including biopsies) and a  
copy of the associated reports to Bay Radiology.

Please check one:

I plan to pick-up my images and reports and will deliver them to Bay Radiology  
myself, OR

Please send a copy of all of my breast imaging and reports to:

Bay Radiology

277 Peninsula Farm Rd., Suite A

Arnold, MD 21012

Phone: 410 544 3331

Fax: 410 544 3329

My prior imaging was performed at:

AAD/AAMC/Shipleys

Advanced Radiology

American Radiology

Chesapeake Medical Imaging (CMI)

Other \_\_\_\_\_

Pt signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*PLEASE PUT ALL IMAGES ON DVD(S) WHEN POSSIBLE\*\*\*\*