



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

537 Baltimore Annapolis Blvd., Suite B

Severna Park, MD 21146

Phone: 410 544 3331

Fax: 410 544 3329

My prior imaging was performed at:

AAD/AAMC/Shipley's

Advanced Radiology

American Radiology

Chesapeake Medical Imaging (CMI)

Other _____

Pt signature: _____ Date: _____

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