



## Women's Imaging Release Form

I, \_\_\_\_\_ DOB \_\_\_\_\_,  
authorize permanent transfer of all of my breast imaging studies 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 3339

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\*\*\*\*