



- AAD/AAMC/Shipley's
- Dawn – Advanced
- American Radiology
- Other _____

Women's Imaging Release Form

I, _____ DOB _____,

Authorize permanent transfer and pick-up or mailed of my ultrasound and breast imaging studies to:

**Bay Radiology, LLC
537 Baltimore Annapolis Blvd, Suite B
Severna Park, MD 21146
410-544-3331
Fax 410-544-3329**

Patient Signature

Date

***PLEASE PUT ALL IMAGES ON CD WHEN AVAILABLE**