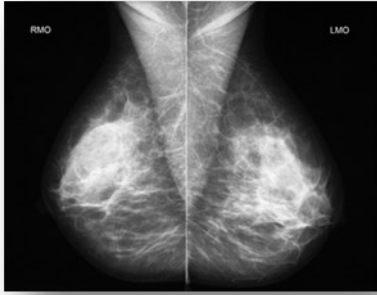




the WOMAN'S IMAGING group



## Prior mammograms at another facility?

**No worries! We've got it covered.**

Requesting prior mammograms and reports is a simple process.

We handle this in one of two ways...

### At the time your appointment is scheduled

- ◆ Sign the back of this form, return it to your physician or *the WOMAN'S IMAGING group*, and we will fax the release to the prior imaging facility for you
- ◆ When the records are received before your appointment your new images and prior images will be compared during the initial reading
- ◆ A report is sent to your physician and results are given to you within an hour
- ◆ If the prior images are not received before your appointment an addendum report will be created when they are received

### At the time of your visit to our center

- ◆ A release form is signed
- ◆ We fax it to the prior imaging facility
- ◆ An initial report based on your new images is sent to your physician and results are given to you within an hour
- ◆ When the prior images are received, usually within two weeks, your new images and prior images are compared
- ◆ An addendum report is sent to your physician and a letter is mailed to you

### ***Comfort, Confidence, Convenience***

- ◆ Complimentary paraffin hand wax and aromatherapy heat wrap
- ◆ Gourmet coffee and snack bar
- ◆ MQSA certified radiologist, ACR accredited facility
- ◆ Advanced certification technologists
- ◆ Results within an hour
- ◆ Same day appointments

Call us or drop by today!

404-946-2880 telephone

404-946-2881 fax

190 Handley Road, Suite B · Tyrone, GA 30290

[www.wigmammo.com](http://www.wigmammo.com)





the WOMAN'S IMAGING group

## REQUEST FOR PRIOR IMAGING AND REPORTS

Please send **CD'S** to:  
THE WOMAN'S IMAGING GROUP  
939 Bob Arnold Blvd.  
Suite C  
Lithia Springs, GA 30122  
PHONE: 404-946-2885 FAX: 404-946-2886

Please send **FILMS** to:  
THE RADIOLOGY GROUP  
3340 PEACHTREE ROAD, NE  
SUITE 2025  
ATLANTA, GA 30326  
PHONE: 404-946-2880 FAX: 404-946-2881

FACILITY NAME: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

FACILITY PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

FROM: THE WOMAN'S IMAGING GROUP

The Woman's Imaging Group has my permission to obtain my previous mammography images and all pertinent reports.  
Please send CD when possible, previous three years of studies, do not send hard copy *and* CD of same study.  
Thank you.

PATIENT NAME (PLEASE PRINT): \_\_\_\_\_

DOB: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ PATIENT'S SIGNATURE: \_\_\_\_\_

Number of pages transmitted (including cover sheet): \_\_\_\_\_

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