

**Patient Request for Release of
Images and Reports**

Solis Mammography Instructions to Patient

Complete this document and send to Solis Mammography by scanning and emailing, or by faxing using the details underlined below. Solis has a central location for processing medical records requests, & Conroe will manage all requests for the center you are scheduled. We will retrieve your records from your previous facility for you.

Fax: 469-708-4600

Email: SolisMammography@SolisMammo.com

Thank you,

Solis Mammography Customer Care

Patient Instructions to Facility

I, _____ (Previous Last Name - if applicable) _____

Date of Birth: _____, hereby authorize:

Name of Facility: _____

Phone: _____ Fax: _____

Address: _____

City, State, Zip: _____

To release my films and reports to:

Solis Mammography
500 Medical Center Blvd., Suite 175
Conroe, TX 77304
(936)539-7100

Patient Signature: _____

Date: _____

Phone Number: _____

Solis Mammography Instructions to Facility

Our patient has requested the transfer of her films and reports to the Solis Mammography Center above as soon as possible for patient care purposes.

Please notify us immediately if you do not have the requested films and reports.

Thank you,

Solis Mammography Customer Care