

**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, & Sugarland 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: WeCare@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  
1111 Highway 5 South, Suite 160  
Sugarland, TX 77478  
(281) 207-2175

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**