



Patient Request for Release of Films and Reports

Instructions to Patient:

Complete this document and send to Solis Mammography by scanning and emailing, or by fax, using the clinic contact details below. 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 the following facilities to release my films and reports.

(Please check only the facilities that apply).

*Memorial Hermann Healthcare System Facilities

Memorial City Medical Center*
921 Gessner Rd.

Northwest Hospital*
1635 N. Loop West

Southwest Hospital*
7600 Beechnut

Northeast Hospital*
18951 Memorial N.

Hermann – Texas Medical Center (TMC)*
6411 Fannin

Sugarland Hospital*
17500 W. Grand Parkway South

Katy Hospital*
23900 Katy Frwy.

Woodlands Hospital*
9250 Pinecroft

OTHER

Release my films and reports to:

Solis Mammography of Katy
1331 W Grand Parkway North, Suite 240
Katy, TX 77493
Phone: 866.686.8117

Patient Signature: _____ Date: _____

Patient Email address: _____ Phone Number: _____

Solis 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