



# Patient Request for Release of Images 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 Sugar Land**  
1111 Highway 6 South, Suite 260  
Sugar Land, TX 77478  
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**