



## 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, to Solis by 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](mailto:WeCare@solismammo.com)**

Thank you,  
**Solis 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-Miami Breast Institute**  
1545 San Remo Ave  
Coral Gables, FL 33146  
Phone: (866)717-2551

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Phone number: \_\_\_\_\_

### Solis Mammography Instructions to Facility

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

Please send via Powershare

*Solis Mammography utilizes Powershare as our electronic medical records image sharing platform. If you are connected via Powershare, please send records to us electronically.*

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

Thank you