



## 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.

Fax: 469-708-4600

Email: [WeCare@Solismammo.com](mailto: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 at Baylor All Saints Hospital  
1250 8th Avenue  
Fort Worth, TX 76104  
Phone: 817-886-0880  
Fax: 469-708-4600

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**