DIAGNOSTIC IMAGING CENTERS, P.A.

Fax to Medical Records: 913-491-9363

❑ Overland Park • 6650 W. 110th St • Suite 100 • Overland Park, KS 66211
❑ Independence • 4911 S. Arrowhead Dr • Suite 100 • Independence, MO 64055
❑ Olathe • 13795 S. Mur-Len Rd • Suite 100 • Olathe, KS 66062
❑ Lee's Summit • 301 NE Mulberry St • Suite 100 • Lee's Summit, MO 64086
❑ Wyandotte County • 9201 Parallel Pkwy • Kansas City, KS 66112
❑ Plaza • 4801 Main St • Suite 200 • Kansas City, MO 64112
❑ Kansas City, North • 5400 N. Oak Trfy • Kansas City, MO 64118
❑ Liberty • 9151 NE 81st Ter • Suite 250 • Kansas City, MO 64158
Mobile 3D Mammography • KC Metro area & beyond

Medical Records Release

Location of last mammogram/breast sonogram/breast MRI

Name of Facility: _____

Address of Facility: _____

City/State of Facility: _____ Zip Code_____

Different Last Name of Patient (if applicable) _____

Date of Birth: _____-_____-_____

Types of Exams/Reports/Results requested: _____

_____

Please sign the medical release below, so that we may obtain your latest mammogram for comparison.

I hereby authorize and request you to release all breast imaging medical records, including copies of reports in your possession to Diagnostic Imaging Centers, P.A.

_____ **X**_____ _____
Please print name | Patient or authorized signature | Date