

*Request for Mammogram,
Breast Ultrasound and Breast MRI
Images and Interpretations*

Please send all of my digital mammogram images, mammogram films, breast ultrasound images and/or breast MRI images, along with their corresponding interpretations for the last five years to:

Dearborn County Hospital Breast Care Center
606 Wilson Creek Road, Suite 120
Lawrenceburg, IN 47025

**PLEASE SEND IMAGES ON A
DICOMCOMPATIBLE DISK**

Phone: 812-537-8383 or 800-676-5572, ext. 8383
Fax: 812-537-8464

Thank You

Please Print

Your current name: _____

Your current address: _____

Your name and address at the time of your last mammogram, breast ultrasound and/or breast MRI, if different from above:

Your date of birth: _____ Year of most recent mammogram: _____

Year of most recent breast ultrasound: _____ Year of most recent breast MRI: _____

Facility from which you are requesting images: _____

Your signature: _____ Date: _____

