



Outside Facility Mammography Exam Request Form

Date: _____

Name of Outside Facility _____

Address _____

Phone# _____ Fax# _____

The following patient _____

DOB: _____ LC# _____

is requesting their mammogram studies be sent to the facility listed below.
Please send the five most recent mammography exams and reports along with
this form. Please send paper copies of reports.

*****Please send digital mammograms by way of CD if possible*****

**Lahey Hospital & Medical Center
41 Mall Rd.
Burlington, MA 01805
Image Management Center
Attn: Sharon Burzyk or Dana Allen**

Fax: 781-744-3738, Phone: 781-744-8917

Thank You.

Breast Imaging Department, Lahey Hospital & Medical Center

Patient Signature: _____

Previous Name _____

Patient Phone# _____

Patients and Physicians
*Please fax or mail this completed form, including patient signature, to
the Breast Imaging Department if you would like us to obtain these films
for you. Fax # (781)744-3738.*

Patient would like digital copies/ CDs returned to home address

Patient would like digital copies/ CDs destroyed after use

Tech Initials: