



**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 Medical Center Peabody**  
**One Essex Center Drive**  
**Peabody, MA 01960**  
**Attn: Breast Imaging Department**  
**Phone: (978)538-4029**  
**Fax (978)538-4566**

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:**