

FOX CHASE CANCER CENTER

333 Cottman Avenue
Philadelphia, PA 19111-2497

Authorization To Release Mammography Films

To: The Radiology Film Library at:

Medical Facility

FAX NUMBER

Street Address

FORM FAXED ON:

DATE

City State Zip

Please mail my mammography films to:

Fox Chase Cancer Center
Attention: Mammography Department
333 Cottman Avenue
Philadelphia, PA 19111-2497
Phone Number – 215.728.2646 Fax Number – 215.214.8907

Name - Signature

Social Security Number

Name - Please Print

Date of Birth

Address

Today's Date

City State Zip

Faxed by: _____ Tele.# _____