

# 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.# \_\_\_\_\_