



# St. Louis Breast Center

884 Woods Mill Road, Suite 203, Ballwin, MO 63011

ph: 636-779-8008 fax: 636-779-8010

## AUTHORIZATION TO RELEASE MAMMOGRAMS AND/OR ULTRASOUNDS

Facility: \_\_\_\_\_

Patient Name: *(please print)* \_\_\_\_\_

Previous Name: *(if applicable)* \_\_\_\_\_

DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Please release films to: **St. Louis Breast Center**  
884 Woods Mill – Suite 203  
Ballwin, MO 63011

If you do not have films, please call 636-779-8008 as soon as possible.

**THESE FILMS WILL BE RETURNED TO YOU AS SOON AS COMPARISON IS MADE.**

Witness: \_\_\_\_\_

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FOR OFFICE USE ONLY

Faxed: \_\_\_\_\_ Received: \_\_\_\_\_ Returned: \_\_\_\_\_