

MANFRED HENNE, MD-PhD, MS
*Board Certified Radiologist,
Certified Clinical Densitometrist*



RELEASE OF MEDICAL RECORDS

RECORDS FROM: _____

Please release medical records relating to my **breast health diagnosis** and/or treatment to include my last 2 complete mammography exam films, reports and related pathology. Images on digital format are acceptable.

Please send to EMIX: emix@inhealthimaging.com

InHealth Imaging
ATT: Medical Records
20700 Bond Road NE, Bldg B
Poulsbo, Washington 98370
Phone: 360-598-3141
Fax: 360-598-3431

* Please note that HIPAA laws allow for the disclosure of protected health information without an authorization to a facility or provider reasonably believed to be providing health care to the patient.

PATIENTS NAME: _____ DATE OF BIRTH: _____

PATIENTS SIGNATURE: _____

DATE OF REQUEST: _____ PRIORITY: _____

() I would like all mammograms and breast ultrasound films I have had done to be kept at this facility for permanent storage.