GREENSBORO
OB-GYN ASSOCIATES
a division of Piedmont Healthcare for Women, P.A.
personalized care for every woman

LETTER OF CONSENT
(MAMMOGRAPHY CD/FILMS AND REPORTS)

510 North Elam Avenue, Suite 101 • Greensboro, NC. 27403
P (336) 854-8800 • F (336) 299-4308 • www.gsoobgyn.com

I _____ give Greensboro OB-GYN, Associates permission to request my original mammography CD/films and a copy of the report(s).

FROM: _____

_____

_____

Patient's Name: _____ DOB: _____

GOBGYN ID#: _____ SS# Released Upon Request

Patient's Phone #: _____

Patient's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

PLEASE SEND THE TWO MOST RECENT YEARS OF MAMMOGRAM STUDIES
ON A DICOM CD OR FILMS AND THE CORRELATING REPORTS TO:

GREENSBORO OB-GYN ASSOCIATES
510 NORTH ELAM AVENUE
SUITE 101
ATN: MAMMOGRAM DEPT
GREENSBORO, NC 27403
(336) 854-8800 Ext. 142
FAX (336) 834-0595

Greensboro OB-GYN will not release this information to a third party without the consent of the patient.

This consent expires on _____ ,20 _____