ARLENE M. WEINSHELBAUM, M.D.
GAINESVILLE WOMEN'S CENTER FOR RADIOLOGY
6820 N.W. 11th PLACE
GAINESVILLE, FLORIDA 32605-4217
PHONE (352) 331-0115
FAX (352) 331-2044

Date:_____

REQUEST FOR OUTSIDE FILMS

To: _____

Please send the mammogram films and reports on the following patient for comparison purposes:

PATIENT NAME: _____

D.O.B._____

SS #: _____

Date of previous mammograms: _____

Thank You!

THE OFFICE OF ARLENE M. WEINSHELBAUM, M.D.

I, _____

authorize Dr. Arlene Weinshelbaum's office to request films from

_____