



**TOWER  
SAINT JOHN'S  
IMAGING**

*Imaging by Specialists*

2202 WILSHIRE BLVD., SANTA MONICA, CA 90403 • TEL: 310-264-9000 • FAX: 310-264-9004 • WWW.TOWERSJI.COM

**AUTHORIZATION FOR RELEASE OF MAMMOGRAPHY RECORDS**

**Patient Identification:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_

**Name of Provider(s) we are requesting release of films/reports:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**Date(s) and location(s) of previous mammograms:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information to be released to:**

**Tower Saint John's Imaging  
2202 Wilshire Blvd.  
Santa Monica, CA 90403  
Tel: (310) 264-4046  
Fax: (310) 264-4041**

**I hereby authorize Tower Saint John's Imaging to request reports and films on my behalf from the provider(s) noted above.**

Signature of patient (or legal guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_

**MAMMO RECORDS RELEASE**