



UT Medical Group, Inc.

Administration
Department of Radiology
Chandler Building, F152C
865 Jefferson Avenue
Memphis, Tennessee 38163-2135
901-448-6607 • Fax: 901-448-7067

**Authorization For Permanent Transfer
of Mammography Records**

FDA MQSA regulation 21 CFR 900.12 (c) (4) which states that each facility that performs mammograms: (ii) Shall upon the request by, or on behalf of, the patient, permanently or temporarily transfer the original mammograms and copies of the patient's reports to a medical institution, or to a physician or health care provider of the patient, or to the patient directly;

In accordance with the above regulation, I request and authorize UT Medical Group, Inc. to release my mammogram studies and reports of such studies to:

I realize these are part of my permanent office record and do hereby relieve UT Medical Group, Inc. of the responsibility for their return to the permanent office file.

Printed name: _____

Signature: _____

Social Security Number: _____

Date of birth: _____

Date of signature: _____