

BREAST CARE SPECIALISTS, L.L.C.

A multidisciplinary approach to Breast Health

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REQUEST TO RELEASE FILMS

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Patient Name: _____ BCS MR#: _____

DOB: _____ SSN: _____

Release films from: _____
(Name of facility)

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975 Johnson Ferry Road NE
Suite 500
Atlanta, GA 30342
Phone #: 404-255-8086
Fax #: 404-705-8468

Patient Signature: _____
 Or, signed HIPAA form attached

Please call or fax us if there is a problem with this request

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