



EPIC HEALTH
www.epichs.org

MAMMOGRAM IMAGE REQUEST

for patients continuing care

18591 W. 10 Mile Rd., Southfield, MI 48075

Phone: 248.621.9443 Fax: 248.416.1355

DATE _____

TO _____

FROM _____

For continuing medical care, please send MOST RECENT 8 YEARS OF MAMMOGRAM IMAGES AND REPORTS (VPN or cloud image transmission preferred, CD/ DVD or film also can be accepted) on the following patient(s) to:

EPIC Health Headquarters
18000 W. 9 Mile Rd., Suite 200
Southfield, MI 48075
Phone: (248) 621-9443
Fax: (248) 416-1355

PATIENT NAME _____

PATIENT DOB _____

REQUESTING PROVIDER _____

PATIENT NAME _____

PATIENT DOB _____

REQUESTING PROVIDER _____

PATIENT NAME _____

PATIENT DOB _____

REQUESTING PROVIDER _____

PATIENT NAME _____

PATIENT DOB _____

REQUESTING PROVIDER _____