



RADIOLOGY ASSOCIATES of HARTFORD, P.C.

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## Authorization For Permanent Transfer of Mammography Records

Phone: (860) 969-6400  
Fax: (860) 714-8808

FDA MQSA regulation 21 CFR 900.12 © (4) which states that each facility that performs mammograms: (ii) Shall upon request by, or on behalf of, the patient permanently or temporarily transfer the original mammograms and copies of 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 Radiology Associates of Hartford, P.C. to release my:

mammogram studies and reports of such studies to:

ultrasound studies and reports of such studies to:

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I realize these are part of my permanent office record and do hereby relieve Radiology Associates of Hartford, P.C. of the responsibility for their return of the permanent office file.

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

Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Signature: \_\_\_\_\_