



**Wake Internal
Medicine Consultants, Inc.**
THE TRIANGLE'S PREMIER MULTI-SPECIALTY CLINIC

Mammogram Image Request for Patients Continuing Care

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:

Wake Internal Medicine Consultants, Inc. Blue Ridge
3100 Blue Ridge Rd Suite 200
Raleigh, NC 27612
Phone: 919-781-7500
Fax: 919-803-1742

Patient Name: _____ Patient DOB: _____

Requesting Provider: _____

Patient Name: _____ Patient DOB: _____

Requesting Provider: _____

Patient Name: _____ Patient DOB: _____

Requesting Provider: _____

Patient Name: _____ Patient DOB: _____

Requesting Provider: _____

Patient Name: _____ Patient DOB: _____

Requesting Provider: _____