BREAST HEALTH CENTER

Film Request Form

If this is not your first mammogram and your previous mammogram(s) was done elsewhere, it is essential that we acquire your previous images in order to properly read your mammogram. Prior digital images should be provided on a CD or DVD; non-digital images must be provided in their original format, most commonly film.

In order to expedite the results of your mammogram at El Camino Hospital, please use one of the following options:

- Call your former healthcare provider to request your prior images be made available to you to pick up. Most images can be provided to you with 48 hours’ notice.

- If it is inconvenient for you to pick them up and bring them with you, call your former healthcare provider and arrange to have the images sent to El Camino Hospital. Most images can be mailed out within 2-3 days of your request, and are usually sent First class US Mail. Allow enough lead time before your appointment for the images to arrive.

Registration

Our Patient Registration staff will contact you prior to your appointment to register you for your visit. If they don’t connect with you for any reason, you will be registered in the Breast Health Center when you arrive for your appointment.
El Camino Hospital Los Gatos, Breast Health Center
815 Pollard Road, Los Gatos, CA 95032

El Camino Hospital Mountain View, Breast Health Center
Willow Pavilion, 2480 Grant Road, Mountain View, CA 94040

Telephone: 650-940-7050 | Fax: 650-940-7134

Patient Name: ____________________________________________

DOB: ____________________________________________________________________

Other names your medical record may be under? __________________________________

Previous mammograms:

Location & Date __________________________________________________________

Location & Date __________________________________________________________

Location & Date __________________________________________________________

Please sign here to authorize the release of your medical records from your previous healthcare provider so we may obtain outside films/results:

________________________________________________________________________  ______________
Signature                                Date

Outside films and results should be mailed to:

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Willow Pavilion, 2480 Grant Road, Mountain View, CA 94040

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