



# REAGAN DIAGNOSTICS

2878 Five Forks Trickum Rd, Suite 1A, Lawrenceville, GA 30044

Direct Line: 678-221-8000 Direct Fax Orders: 678-387-2300



## PRIOR MAMMOGRAM REQUEST

Patient's name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please send CD's to:

Reagan Diagnostic Center  
2878 Five Forks Trickum Road, Suite 1A  
Lawrenceville, GA 30044  
Tel: 678-221-8000  
Fax: 678-387-2300



### Please send FILMS to:

The Radiology Group  
3340 Peachtree Road, NE. Suite 2025  
Atlanta, GA 30326  
Tel: 678-336-6466  
Fax: 404-946-2881

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of pages transmitted (including cover sheet): \_\_\_\_\_

The information contained in this facsimile may be privileged, confidential and protected from disclosure. If the reader of this facsimile is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copy or other use of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify the sender immediately by phone at: 678-221-8000 and destroy this facsimile.