Selma Carlson Diagnostic Center

TEMPLETON IMAGING, Inc.

Authorization to Release

PHONE (805) 546-7733
FAX (805) 549-9217 or (805) 903-1835

To: _____

I, _____ DOB: _____

Authorize and Request that you send all Prior Exams as Marked below:
Please send both, Images **(CD) and REPORTS** in my file to**:**

Selma Carlson Diagnostic Center
77 Casa Street, Suite 102
San Luis Obispo, CA 93405

____ Mammography ____ Dexa

____ Ultrasound _____

____ MRI _____

____ CT _____

***Please send First Class mail as soon as possible*.**

Date: _____

Patients' Signature: _____

Witness: _____

Note: Final MQSA Regulations supersede state law. All facilities are required to provide original mammogram and reports for temporary or permanent transfer at the patients' request.