


**SRINI MALINI, MD, PA**  
**Ultrasound, Mammography & DXA Bone Density**  
 8200 Wednesbury Lane, Suite 320  
 Houston, Texas 77074  
 Fax: 713-795-5809  
 Phone: 713-795-5672

This is to authorize Srin Malini, MD, PA to **TRANSFER my mammograms to myself** and/or \_\_\_\_\_.

I understand **these are the original films/images** and were part of my records at the mammography office of Dr. Malini.

\_\_\_ If the films are dated prior to Dec 12 2006 and are not returned to Dr. Malini in one month, then **this request to transfer is a permanent transfer and I understand I will become responsible for the original films until the fifth or tenth anniversary** as specified in the March 1, 1994 Regulatory Guide of the Bureau of Radiation Control of the Texas Department of Health 37.1(a) (4) (i), (ii) and (iii).

 \_\_\_ Digital images on CD/DVD after 12/12/2006 are the **permanent copy of the record to the patient**. Do not return to the facility. Please give to the patient.

Number of <b>Mammogram</b> films released		Number of Breast <b>Ultrasound</b> films		CD/ DVD released	
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<b>Patient's Full Name</b>	
<b>Patient's Date of Birth</b>	
<b>Patient's Phone Number</b>	

**Date:** \_\_\_\_\_



\_\_\_\_\_

**Signed**

**Please write below the name and address of the facility these images are going to**

\_\_\_\_\_

I also authorize these films/images to be picked up by (please circle and initial)

Messenger Service      Spouse      Family member      Other

Please write the name of the person picking up the films/images \_\_\_\_\_

Name of outside facility	CIRCLE - Date Returned or Given to the Patient

Films returned on	Accepted by
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Phone: 713-795-5672  
Fax: 713-795-5809  
Website: [www.malini.net](http://www.malini.net)

***Dear Patient:***

Please find an authorization form to release your mammograms from this facility. **You may personally pick up your films to avoid the postage and handling charge.** You may arrange to send a messenger service at your expense or a family member or friend, after written authorization to pick up the films.

If you wish to have the films mailed, we will send them by **certified mail, return receipt requested** through the **US Postal Service** because these are valuable medical records and prior to December 2006 the **ORIGINAL FILMS** are being released. These are the only records for film mammography images at those pre-digital times.

We require the postage and handling fee to be pre-paid. We also require The exact name & address of the facility where the films are to be sent or Confirm your present address to have the mammography films sent to you. **Please sign and return the mammography release form with \$15.00 (fifteen dollars) by check or credit card** to cover the postage and handling of the films. Please note once the films are mailed it may take one week to 10 days to reach its destination.

Thank you for your attention and wishing you the best,

***Certified Mammography Technologist***

*This facility is*  
*Certified by the American College of Radiology in Ultrasound & Digital Mammography*  
*Certified by the FDA & the Texas Dept of State Health in Mammography*  
*Certified in Clinical Bone Densitometry by the ISCD*