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UTMB Imaging Centers

Galveston  
301 University Blvd  
Galveston, TX 77555-0709  
409-772-7150  
Fax: 409-747-2850

Primary Care Pavilion  
400 Harborside Drive, St. 111  
Galveston, TX 77555-0709  
409- 772-6851  
Fax: 409-747-2850

Victory Lakes  
2240 Gulf Freeway South  
League City, TX 77573-5143  
832-505-1700  
Fax: 281-309-0147

## Self-Referred Patient Release

I understand that as a self-referred patient, my mammographic report and summary of the report in lay terms will be sent to me. **THE REPORT WILL NOT BE SENT TO A PHYSICIAN.** If my mammogram indicates that I need further evaluation, I will either provide UTMB Department of Radiology with the name of a physician to which to send my report or I will ask for a referral by UTMB Department of Radiology to a physician.

Further, I understand that after providing the above physician-related information to UTMB Department of Radiology, the responsibility for all/any further action/treatment/decisions regarding any other than routine/normal findings lies solely with me and the physician designated.

**Name of Primary Care Physician:** \_\_\_\_\_

**City, State:** \_\_\_\_\_

My signature acknowledges that I understand the above statement.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date