

Weill Cornell Imaging



28-25 Jackson Avenue, 2nd Floor
Long Island City, NY 11101
Phone: 646-962-4704
Fax: 646-962-0122

Date: _____

ATTN: MEDICAL RECORDS DEPARTMENT

Facility: _____

Phone: (____) ____ - ____

Fax: (____) ____ - ____

To whom it may concern:

This is a request for patient _____ D.O.B.: ____/____/____

We would like to request all breast images on a DICOM CD and medical reports sent to our attention at:

Weill Cornell Imaging
ATTN: Susanna
28-25 Jackson Avenue, 2nd Floor
Long Island City, NY 11101

If you have any questions, please call Medical Records at 212-746-6000, option 3 or our Long Island City practice at 646-962-4704.

Thank you.

Signature of Patient/

Authorized Representative: _____ Date: ____/____/____

Sincerely,
Medical Records