

# Weill Cornell Imaging



## Mammogram Visit Confirmation Form

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

Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_

To Whom It May Concern:

This notice serves to verify that the above-named patient attended a mammogram appointment at Weill Cornell Imaging at NewYork-Presbyterian on the date and time specified on this form.

### Verifying Entity:

Name (Print): \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_