



Dear Breast Care Center Patient:

The objective of mammography is to detect cancer as early as possible. Sometimes, detected breast abnormalities cannot be clearly declared benign or malignant with just the screening mammogram. Oftentimes, patients who have had previous mammograms can help resolve the ambiguity without any additional tests or biopsy, simply by bringing their old films to the screening.

Our specialists are specifically trained to look for very subtle changes in the breast. Those become more apparent when current results are compared with previous films. Since such changes may suggest early-stage cancer, **it is extremely important that you bring your old films with you to your mammogram appointment.**

NOTE: If your older films are not available to us at the time of your mammogram, your physician will only receive a preliminary report until previous films have been delivered and a comparison could be made. Only then can a full report be shared with your doctor.

Since getting the older images is so crucial to early cancer detection, we are happy to do this legwork for you. Please fill out the following REQUEST FOR ORIGINAL MAMMOGRAMS form and simply send it to us. We will request your films from the facility, where you had your previous mammograms.

Please feel free to contact Justyna Koscielniak at (708) 763-2759 or Angela Ardales at (708) 763-4725 if you have any questions or concerns.

Sincerely,

The Breast Care Center at River Forest Medical Campus



## REQUEST FOR ORIGINAL MAMMOGRAMS

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Please complete this form and send it back to us. We will request your films from the facility where you had your previous mammogram completed.

By email: [jkosciel@rfcampus.com](mailto:jkosciel@rfcampus.com)

By Fax: (708) 763-2020

By Mail: 420 William St, Bldg B 2nd Floor, River Forest, IL 60305

Any questions? Please call Justyna Koscielniak at (708) 763-2759 or Angela Ardales at (708) 763-4725.

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This letter authorizes **(Name of the Facility)**: \_\_\_\_\_

To send the previous ORIGINAL mammogram films performed on the following patient:

Patients Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

The patient is scheduled for a mammogram at our facility and we would like to compare these films to make sure that no changes have occurred since the last mammography exam.

Please send the original films to the following address:

**River Forest Medical Campus**  
**Breast Care Center**  
**420 William Street, Building B, 2<sup>nd</sup> Floor**  
**River Forest, IL 60305**  
**Phone: 708-488-2300**  
**Fax: 708-763-2782**

Thank you in advance for your collaboration in early cancer detection.

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