

Mammogram Scheduling Questions/Requirements

*** Please refer to this form when scheduling a Mammogram***

Information below is required prior to scheduling exam.

When and where was patients last Mammogram? _____

Does the pt have breast implants? Y or N

Does the patient have history of cancer (any type)? Y or N

If yes, please explain _____

Can the patient sit and stand ok? Y or N

If no, please explain _____

Is the patient experiencing any breast issues at this time? Y or N

If yes, please explain _____

Location of breast issue (mass/lump) _____ O'clock

Is the patient breast feeding? Y or N

N