

**HIGH FIELD IMAGING
MAMMOGRAPHY SCHEDULING/SCREENING SHEET**

INS _____ SCHEDULED DATE _____
TIME _____

Patient name _____
Address _____

Phone (home) _____ Work _____

SSN _____ Sex _____

DOB _____ Age _____ (if pt is less than 35 yrs, see tech)

MAMMO EXAM ORDERED _____

ORDERING PHYSICIAN _____

- 1) Do you have a history of breast cancer yourself?
YES ___ Schedule for diagnostic mammogram
NO ___ Schedule for screening mammogram

- 2) Are you having any breast problems?
YES ___ Schedule for diagnostic mammogram
NO ___ Schedule for screening mammogram

- 3) Have you had mammograms before?
YES ___ If here, ask month and year _____
If elsewhere, tell pt to pick up films and bring with them. If that is not
Possible, pt should bring complete addresses of the sites where previous
Mammos were done.
NO ___

- 4) Do you have breast implants?
YES ___ Explain that imaging with implants takes longer and may require
additional views.
NO ___

- 5) Do you have a lump or discharge? (Women may answer yes even though they
answered no to question #1)
YES ___ Schedule for diagnostic mammogram
NO ___ Schedule for screening mammogram

SCREENING W/ IMPLANTS – 45 MINS
SCREENING W/O IMPLANTS – 30 MINS
DIAGNOSTIC – 45 MINS.

**DO NOT WEAR DEODORANT, POWDER OR PERFUME TO THE
EXAM.** updated 6/06