

Mammography Form

MR# _____ Name _____ DOB _____ New Patient
 Return Patient

Appt. Date/Time _____ Exam **Mammography Screen/Diag.**

Other Exams _____

Ordering Dr. _____ Call Fax _____

Comparison Films
 Delivered
 Pt to bring
 On Way

Date of last period? _____

Is there a possibility that you could be pregnant? Yes No

Are you taking birth control pills? Yes No

How long? _____

Have you had your ovaries removed? Yes No

Are you taking hormones/estrogen? Yes No

How long? _____

Date of your last breast exam by a doctor or nurse? _____

Have you had any of the following procedures?

Breast Biopsy (*surgical removal of breast lump or tissue*)

Left Date _____
 Right Date _____

Results _____

Stereotactic Breast Bx

Left Date _____
 Right Date _____

Results _____

Breast Augmentation-Implants (*if yes, please turn over and sign consent*)

Left Date _____
 Right Date _____

Breast Reduction

Left Date _____
 Right Date _____

Mastectomy (total breast removal)

Left Date _____
 Right Date _____

Lumpectomy for Breast Cancer (*partial breast removal*)

Left Date _____
 Right Date _____

Chemotherapy for Breast Cancer? Yes No

Are you taking Tamoxifen? Yes No

Do you currently have any of the following symptoms?

Breast Lump

Left Yes No If yes, how long? _____
 Right Yes No If yes, how long? _____

Pain or Discomfort

Left Yes No If yes, how long? _____
 Right Yes No If yes, how long? _____

Discharge from Nipple

Left Yes No If yes, how long? _____
 Right Yes No If yes, how long? _____

Inverted Nipple

Left Yes No If yes, how long? _____
 Right Yes No If yes, how long? _____

Skin Dimpling

Left Yes No If yes, how long? _____
 Right Yes No If yes, how long? _____

Have you had a previous mammogram? Yes No

Where? _____ When? _____

Is there a history of breast cancer in your family? Yes No
 If yes, check which relative and give age when diagnosed.

- Mother _____ (age)
- Sister _____ (age)
- Daughter _____ (age)
- Grandmother _____ (age)

Which side of the family Mother's Father's

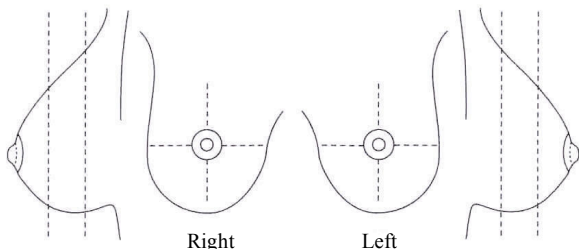
- Aunt _____ (age)

Which side of the family Mother's Father's

Patient Agreement:

I understand that this organization provides breast imaging services and that a qualified radiologist interprets the results. Mammography is only one of the recommended actions for early detection of breast cancer. Not all abnormalities are evident on mammography, therefore, a combination of monthly self-exams, annual mammograms and examination by a physician is the best and most comprehensive program for detection of breast cancer.

Patient Signature: _____



Technologist Comments: _____

Technologist Signature: _____



SimonMed Imaging
Patient Advisory/Consent for Mammography
For Patients with Breast Implants



The following should be discussed with breast implant patient prior to the performance of a mammography.

1. Your physician has recommended that you have a mammogram. This procedure is currently the best way to detect cancer of the breast.
2. Breast implants can interfere with the interpretation of your mammogram because they obscure some of the breast tissue. However, new techniques that involve displacement of the implants allow for a good examination. To provide adequate displacement of the implant, it is necessary to apply pressure with the mammography machine to the breast and the implant. This pressure may be uncomfortable, but is essential to the examination.
3. While thousands of implant patients have undergone successful mammography without problems, there have been reports of occasional rupture of the implants, which may not be detected immediately and may require surgical replacement. Although our technologists are aware of this possibility and take utmost care in their technique, you should be aware there is some risk of a rupture occurring.
4. Implants that have been in place for a number of years may be more vulnerable. However, since the risk of an implant rupture is far less than the risk of breast cancer, a mammogram is necessary to protect a women's health.

I have read this advisory. Though I am aware of the possible risk of damage to my breast implant as a result of mammography, I consent to the procedure.

Patient

Signature: _____

Date: _____

I certify that the above items have been discussed with the patient and we offered to answer any questions regarding this mammography. We believe that the patient fully understands the explanation and answers:

Technologist

Signature: _____

Date: _____