Any chance that you may be pregnant? Yes No

Have you nursed a baby in the past 6 months? Yes No

Are you on hormone replacement therapy? Yes No

Have your Mother, Sister(s) or Daughter(s) had breast cancer? Yes No

If yes, was the breast cancer found before menopause? Yes No

Have you ever had breast cancer? Yes No

Have you had a significant weight gain/loss since your last mammogram? Yes No

Is there a personal or family history of Ovarian/Colon Cancer? Yes No

Have you had a prior Mammogram? Yes No

If so, where? ________________________________

____________________________________

I give permission to TPCA to obtain any previous mammograms and reports for comparison that may be needed.

I understand that my insurance company may not cover my exam, if it’s been less than 366 days since my previous screening mammogram or if I’m called back for additional views or testing.

Patient Signature: ___________________________

Please do not write below this line

Circle Exam:

Bilateral Screening Mammogram

Bilateral Diagnostic Mammogram

Unilateral Diagnostic Mammogram

Diagnostic 6 month Follow-up: Bilat LT Only RT Only

Mammographer: ___________________________
**Mammography Order Sheet**

Name__________________________________________ D.O.B. ______ Age ______

Ordering Practitioner__________________________________________

Appointment Date _____________________________ Time _____

☐ Screening Mammogram (with ultrasound if needed)

☐ Diagnostic Mammogram (Patient or practitioner feels a lump, follow-up of a mammographic abnormality, focal persistent pain, personal history of breast cancer, new nipple inversion or discharge, or current mastitis) with ultrasound if needed.

☐ Breast Ultrasound

Relevant History__________________________________________

**IMPORTANT**

Please mark the location of palpable lumps.

For your comfort, we suggest you schedule your appointment after your menstrual cycle if possible. If your appointment is at an inappropriate time, we will be happy to reschedule for you.

**Preparation**

1. Do not use deodorants, body powders, perfumes or body lotions around your breasts and underarms

2. For your convenience and comfort, please wear a two piece outfit.

3. If you have had a previous mammography examination please attempt to obtain the x-rays before your appointment. It is very important to use the previous examination for comparison. If the previous mammograms were done at an out-of-town institution, please have them mailed to our address. We will assume the responsibility of returning the x-rays.