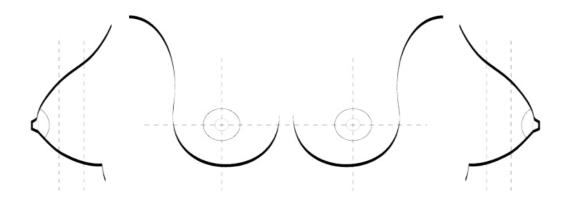


Pacific Coast Mobile Radiology 1440 S. State College Blvd. 3K Anaheim, CA 92806 T:714.758.0660

F:714.758.0770 www.pcmrinc.com

Name:				Date:	
Address:					
Street		City		State	Zip
Age: DOB:		X-Ray No.:			
Phone:	Re	ferring Physi	cian:		
Technologist:		PCMR N	No.:		
Menstrual Status: Regular Periods		_ Irregular Periods		No Periods	
Date of Last Period:	Hysterectomy	y	Year		_
Did they remove your ovaries?	Yea	ar			
How many pregnancies have you had	l?				
How many children do you have?					
Did you nurse your children?					
Do you take birth control pills?					
Do you take estrogen?		C	Cortisone?		
Is there a family history of breast can	=				
Do you practice breast self-examination			, , -		
Do you have pain or tenderness in breasts?			R	L	
Have you noticed any skin or nipple change?			R		
Is there discharge from your nipples?			R		
Do you have implants?					
Have you had a breast biopsy / surgery?			R	L	
Have you had a breast removed?			R		
Do you have a lump in your breast now?			R		
Have you had a previous mammogra					
Physician:		Phor	ne:		

*If you are pregnant or could be, please inform the technologist!





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X-ray examination of the breast (mammography) is believed to be one of the most accurate methods of detecting breast cancer. You should understand, however, that a mammogram is not 100% effective in detecting all breast cancers. Some cancers may be seen on an X-ray study and cannot be felt on physical examinations. Other cancers can be felt on physical examinations, but cannot be seen on the X-ray study. It is estimated that as many as 10% of cancers cannot be detected by the mammogram in certain types of breasts.

It is important that you understand these facts. If you have not had a recent physical examination prior to the mammogram, you must contact your doctor for a breast examination to complete the screening procedure. NEGATIVE OR NORMAL MAMMOGRAM does not completely exclude the possibility of breast cancer. I hereby authorize Pacific Coast Mobile Radiology to obtain medical records regarding my present or previous mammograms to include films, reports and biopsy findings.

I have read and understand the above and acknowledge that I have received a copy of the information.

DATE:	DOB:	
SIGNATURE:		

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