Y

Doctor Notes: ____

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Tech Notes: ______

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SUP TRAC

PHIL

____

Doctor Notes: ____

B2

FCC

au oau P V

Tech Notes: ____

TOMO

INV GE9

SUP TRAC

PHIL

NAME ____

Email____

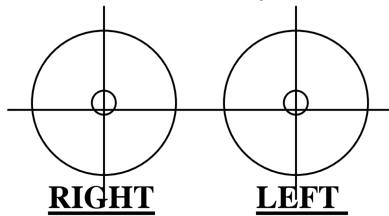
Have you ever had a mammogram before? Yes No

If Yes, date _____________ Facility: ___________________________________

Would you like the doctor to consult with you the results immediately after your study if the Doctor is available (must sign waiver) $115.00 **NOT** paid by insurance. Yes No

Would you like a 3D mammogram (Tomosynthesis) Recommended for women with dense breasts, high risk, or abnormal prior biopsy. May not be covered by insurance Yes No

Do you feel any breast lump, mass or thickening on your own physical examination today? Yes No **If yes, describe and show where on diagram.**



Do you have nipple discharge? Yes No If Yes, which side? Right Left

Do you have implants? Yes No

Are you pregnant? Yes No

Are you breastfeeding? Yes No

First menstruation: (age) ______ Menopause: (age) ______

First full pregnancy: (age) ______ Number of children birthed: ______

Any hormone replacement therapy (HRT) – how long __________________

Have you **personally** had **breast cancer**? Yes No

If Yes, have you had radiation therapy? Yes No

Have you **personally** had any other type of cancer? Yes No

If Yes, what type?_________________________________

Do you have a **family** history of **breast cancer**? Yes No Unknown

If Yes, who?____Age________

Do you have any history of breast surgery? Yes No

If Yes, which breast? _________ Year _____________

What type of surgery? _____________________________________
(Excisional Biopsy, augmentation , reduction, cyst Aspiration, core Biopsy)

SIGNED _____________________________________DATE ______________