



REX MOBILE MAMMOGRAPHY PATIENT INSTRUCTIONS for SCREENING MAMMOGRAMS

All patients must present a photo ID and insurance card if applicable and have a scheduled appointment and be pre-registered.

Please fax documents directly to the REX Mobile Mammography office at (919)784-4205.

To be eligible for a screening you:

- Must have an active physician or medical home
- Must not have a personal history of breast cancer
- Must not have any abnormal symptoms (i.e. pain, new lump or nipple discharge – please contact your physician for follow up if you have any of these symptoms.)
- Must be at least 35 years of age (confirm coverage with insurance carrier)
- Must not have had a mammogram in the last 12 months (confirm coverage with insurance carrier if less than 12 months)
- Must make us aware if you have breast implants so you can be scheduled appropriately
- May not be pregnant or breastfeeding.

Please be sure to include the full name, address and phone number of your physician on registration form. All patients must have a physician. Please also be sure to indicate where you had your last mammogram. If your previous mammogram was with REX, please indicate it on the form.

Prior to your appointment, call the mammography facility and have them send your last mammogram films and report to:

REX Image Service Center
2800 Blue Ridge Road, Suite 210
Raleigh, NC 27607

If you are uncertain about your previous mammography facility, please call your physician's office and have them check your medical record report.

Attention to these guidelines will help us greatly in the registration process and will reduce the wait time on the day of your exam. Thank you for choosing REX Mobile Mammography to provide your annual mammogram.

If you have any questions, contact your site coordinator, or you may call REX Mobile Mammography at (919) 784-4210.





REX Mobile Mammography Registration

All patients must bring their photo id and insurance card, if applicable, to their appointment.

MUST COMPLETE ALL QUESTIONS

Time: _____ Date of Appointment: _____

REGISTRATION INFORMATION: READ AND COMPLETE FORM IN FULL. FORM MUST BE LEGIBLE

Name (Last, First, Middle) : _____

DOB: _____ Race: _____ Language: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone Number: _____ Cell Phone Number: _____

Last 4 of SSN: _____ Marital Status: _____

Email: _____

When was your most recent COVID vaccine or booster? _____

If you have received a COVID Vaccine or Booster, it is recommended to wait 4-6 weeks after a COVID Vaccine/Booster to have a screening mammogram. If it has not been, please notify your medical care provider to reschedule your mammogram to comply with recommendation.

Name of Medical Provider: _____

Name of Practice Provider is at: _____

Address of Practice: _____

Phone Number : _____ Fax Number: _____

If you have medical insurance, please attach a copy of the insurance card.*

If no insurance or Medicaid Family Planning only, please complete the Rex Mamm Assistance Application.

Have you been seen at REX or UNC (includes REX Mobile)? ___Yes ___No

If Yes; please provide your UNC REX Medical record Number : _____

BREAST HEALTH INFORMATION:

Reason for Today's Mammogram? _____ Routine _____ Other

Have you had or Do you have breast cancer? _____ Yes _____ No

(If yes, must schedule a diagnostic mammogram with referral from provider.)

Have you been breastfeeding within the last 12 weeks? _____ Yes _____ No

Have you had any benign breast surgeries? _____ Yes _____ No

If Yes, Side: L / R / Both Type: _____

Do you have breast implants? ___Yes ___No If Yes, What kind: Silicone / Saline / _____

LAST MAMMOGRAM

Where: _____

When: _____

EMERGENCY CONTACT

Name (first and last): _____

Relationship: _____

Phone Number: _____

Address: _____

