



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 screening, you must:

- Must have an active physician or medical home
- Must have no previous 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:

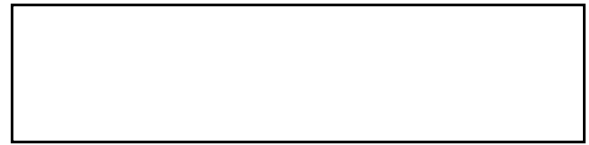
REX Image Service Center
2800 Blue Ridge Road, Suite 210
Raleigh, NC 27607

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:

Name (Last, First, Middle): _____

DOB: _____ Race: _____ Language: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Last Four Digits of Social Security Number: _____ Marital Status: _____

Email address for our records: _____

This must be completed to schedule an appointment.

PHYSICIAN INFORMATION:

Name of Physician: _____

Name of Practice: _____

Phone: _____ Fax: _____

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

If no, please complete REX Mammography Assistance Application.

Have you been seen at REX or UNC (includes REX Mobile)? _____ yes _____ no

UNC/REX MEDICAL RECORDS NUMBER: _____

BREAST HEALTH INFORMATION:

Reason for today's mammogram: _____ Routine _____ Other

Have you had breast cancer? _____yes _____no

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

Date of your last menstrual period: _____

Have you been breastfeeding within the last 12 weeks? _____ yes _____ no

Are you currently taking hormones? _____yes _____no

Are you on birth control pills? _____yes _____no

Do you have an IUD? _____yes _____no

Have you had any benign breast surgeries? _____yes _____no

If so, list: type: _____ side: _____

Do you have breast implants? _____yes _____no (if yes, schedule for two consecutive appointment times)

LAST MAMMOGRAM

Where: _____

When: _____

EMERGENCY CONTACT

Name (first and last) _____

Relationship: _____

Address: _____

Telephone: _____ Home: _____



* R A D S C A N D *