



## 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

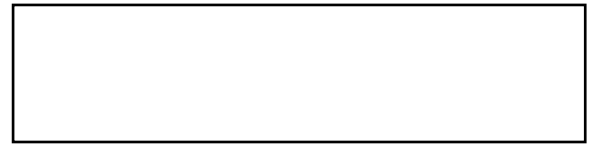
If you are uncertain about your previous mammography facility, please call your physician's office and have them check your medical record report.

**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.**



[REXHEALTH.COM/MAMMOGRAPHY](http://REXHEALTH.COM/MAMMOGRAPHY)



## 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: \_\_\_\_\_

