



MAMMOGRAM EVALUATION

Patient Name : _____

MRN: _____

Name on last Mammogram (if different than above): _____

Referring MD: _____

Present Complaint? NO YES If Yes, please explain: _____

Previous Mammogram: NO YES Date: _____

Location of previous Mammogram (if not RDC): _____

Have you had any previous breast surgery? NO YES (If yes, Please list below)

Are you presently taking birth control pills or estrogen? NO YES

Age at first menstrual period: _____ Date of last menstrual period: _____

Have you stopped menstruating? NO YES At what age: _____

Surgery Type	Right Breast	Left Breast	Date	Result
Surgical Biopsy				
Needle Biopsy				
Cyst Aspiration				
Mastectomy				
Lumpectomy				
Breast Implants				
Breast Reduction				
Radiation Treatment				

Have you completed the online family history questionnaire? NO YES Date: _____

If declined, why: _____

If you did not complete the online family history questionnaire, please complete the following:

Number of pregnancies: _____ Your age at first pregnancy: _____

Number of live births: _____

Have you had a Hysterectomy: NO YES If yes, please state the reason: _____

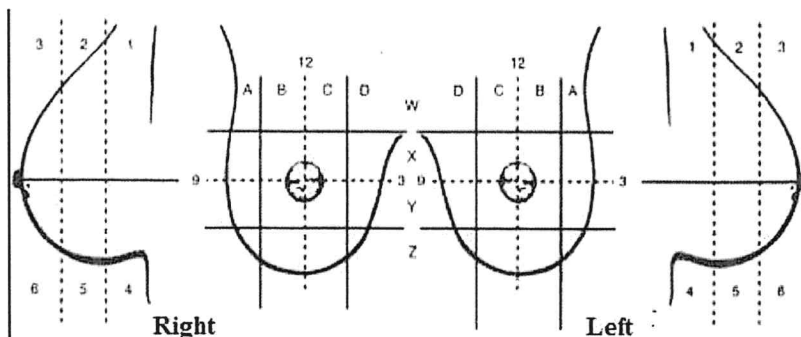
Were your Ovary(ies) Removed: NO YES If Yes, please state the reason: _____

Relative	Age Diagnosed	Relative	Age Diagnosed
Self		Maternal Grandmother	
Mother		Maternal Aunt	
Sister		Male Relative	

I authorize Reno Diagnostic Centers to request my previous mammograms from an outside facility as well as any additional information required as a result of this or any follow up examination.

Signature of Patient: _____

Date: _____



Tyrer-Cuzick Lifetime Risk: _____



Mammography Information

INFORMATION ABOUT YOUR MAMMOGRAM

When our radiologist interprets your mammogram, if it is normal, you will be mailed a copy of the mammography report. You should receive this in the mail within 5-7 working days. If you should have any questions regarding your mammography report, please wait until your appointment with your referring physician or please call your physician's office with any questions or comments.

If the radiologist sees any suspicious or questionable area on your mammogram, our scheduling office will call you to return for additional views or an ultrasound exam to clarify the questioned area seen on your mammogram. Approximately 5% of our patients are asked to return for additional views or ultrasound. The vast majority of these reveal only normal tissue or other benign conditions. You will also be sent the results by mail.

ADVISORY/CONSENT FOR MAMMOGRAPHY PATIENTS WITH BREAST IMPLANTS

Breast implants can interfere with the interpretation of your mammogram because they obscure some of the breast tissue. However, newer techniques that involve displacement of the implants allow for a good examination. To provide adequate displacement of the implant, it is necessary to apply pressure (with the mammography machine) to the breast and the implant. This pressure may be uncomfortable, but it is essential to the examination. While thousands of patients have undergone mammography without problems, there have been reports of occasional rupture of the implants that may not be detected immediately and may require surgical replacement. Our technologists are aware of this possibility and take the utmost care in their techniques. You should be aware that there is some risk of a rupture occurring. However, since the risk of implant rupture is far less than the risk of breast cancer, a mammogram is necessary to protect a woman's health.

MAMMOGRAPHY INFORMATION

Most women will never develop breast cancer and most changes in the breast are caused by benign conditions. X-ray examination of the breast (mammography) is the most accurate method of detecting early breast cancer. You should understand, however, that a mammogram is not 100% effective in detecting all breast cancers. Some cancers may be seen on x-ray study and cannot be felt on physical examination. Other cancers can be felt on physical examination but cannot be seen on x-ray study. It is estimated that as many as 10% of cancers cannot be detected by the mammogram. A negative or normal mammogram does not completely exclude the possibility of breast cancer. It is important that you understand these facts. If you have not had a recent breast examination by a health care professional prior to the mammogram, you must contact your doctor for a breast examination to complete the screening procedure.

If you are pregnant or breast feeding, please talk to the technologist or radiologist on duty before having a mammogram. Other imaging studies may be used instead of, or in addition to, mammography in your case.

INFORMATION FOR MEDICARE PATIENTS ONLY

Medicare does not cover preventative medical services or services that are not medically necessary for the diagnosis and/or treatment of illness or injury. Medicare does, however, cover screening mammography based on a woman's age and a frequency parameter. Coverage is as follows:

- Under Age 35: No payment allowed for screening Mammography
- Age 35-39: Baseline examinations only (One examination between ages 35-40)
- Over age 39: Annual exams (11 full months have elapsed following the month of the last screening)
- *Example:* Screening mammo 1/15/09. Start counting from February 2009 until 11 full months have passed. In this example the next mammo will be paid for January 2010

If Medicare does not cover your exam, you are responsible for payment.

PATIENT COMPLAINTS

If you have any complaints about your exam today (please remember compression is essential to a good image) you may contact the following references:

- RDC Executive Director: 775/323-5083
- If your problem has not been resolved, then you may contact the ACR (American College of Radiology): 800/227-6440

Signature of Patient

Date