



### Evaluación Mamográfica

Nombre de Paciente: \_\_\_\_\_

MRN: \_\_\_\_\_

Nombre en la última mamografía (Si es distinto al anterior): \_\_\_\_\_

Nombre del doctor quien la refirió a RDC: \_\_\_\_\_

¿Presenta problemas? NO SI

Si es SI, por favor de a notar sus síntomas: \_\_\_\_\_

¿Está tomando anticonceptivos o estrógeno? NO SI

Edad de suprimir periodo menstrual: \_\_\_\_\_ Edad de su ultimo periodo menstrual: \_\_\_\_\_

A parado su menstruación? NO SI A que edad? \_\_\_\_\_

Mamografía anterior: NO SI Fecha: \_\_\_\_\_

Ubicación de mamografía previa (si no fue en RDC): \_\_\_\_\_

¿Ha tenido cirugía de mama antes? NO SI (Por favor anote en la lista que se muestra a continuación)

Tipo de cirugía	Mama derecha	Mama izquierda	Fecha	Resultado
Biopsia quirúrgica				
Biopsia con aguja				
Aspiración de quiste				
Mastectomía				
La tumorectomía				
Los implantes mamarios				
Reducción de senos				
Tratamiento de radiación				

Número de embarazos: \_\_\_\_\_ Edad del primer embarazo: \_\_\_\_\_

Número de nacidos vivos: \_\_\_\_\_

¿Ha tenido una histerectomía? NO SI ¿Si es SI, por favor de a notar la razón: \_\_\_\_\_

¿Le han removido los ovarios? NO SI ¿Si es SI, por favor de a notar la razón: \_\_\_\_\_

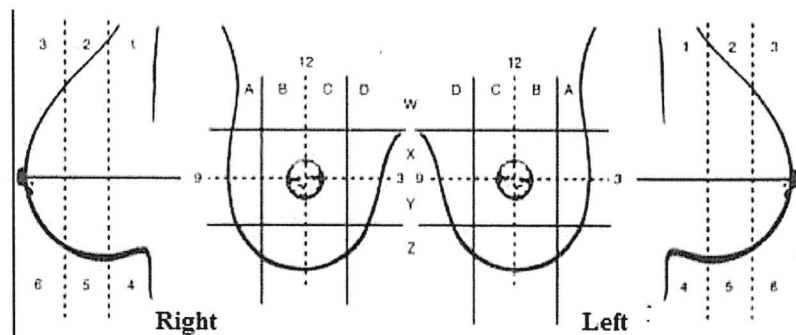
Por favor de indicar si usted o sus familiares han tenido cáncer de mama y a qué edad fue diagnosticado?

Familiar	Edad diagnosticado	Familiar	Edad diagnosticado
Usted		Abuela materna	
Su mama		Tía materna	
Su hermana		Pariente masculino	

Yo autorizo RDC para solicitar mis mamografías previas de otras clínicas, así como cualquier información adicional requerida como resultados de este o cualquier examen del futuro.

Firma del paciente: \_\_\_\_\_

Fecha: \_\_\_\_\_



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

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Signature of Patient

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Date