CharlotteRadiology
Breast Center

Screening Mammogram Patient Scheduling Form

Winthrop: Thurs., Nov. 2, 2017 (9:00am – 4:00pm)

Patient's Full Name: _____

Address: _____

_____

Phone Number: Home _____

Work _____

Cell _____

Last 4 digits of social security number (optional): _____

Email Address: _____

Date of Birth: _____

Insurance: _____

Physician's Name: _____

We must have a physician name to send your mammogram report to.

Have you had a previous mammogram? _____ Yes _____ No

If you answered YES:

Where? _____ Month/Year of last exam: _____

Do you have breast implants? _____ Yes _____ No

Do you have breast problems? _____ Yes _____ No

If you have breast problems, such as a lump or nipple discharge, you need to see your physician and have him/her refer you for a diagnostic mammogram.

Do you want to add 3D mammography? Insurance will be billed. (Not covered by our plan- the max out-of-pocket rate is $55.) Yes _____ No _____

Exam Time Preference: _____ Morning _____ Mid-day _____ Afternoon

Attn: Kim Fields
fax: 704-943-3572
e-mail: kimberly.fields@charlotteradiology.com

We will contact you with your appointment time within 1 business day