

BRC/MRN#	
Technologist	

Name		Age	_			
Primary Care Physician						
Referring Physician						
Date of Birth	Phone ()	Today'	s Date			
Address		·····				
City	State	Zip Code _				
(Please place a check in the appropriate			Yes	No	Right	Left
column to the right)					Breast	Breast
Lump in breast						
Nipple Discharge						
Milky Clear _	Bloody					
Have you had a previous breast surgery or biopsy?						
Are you on hormones?						
Do you have a family histo	ory of Breast cancer?					
If yes, please list relative	ve(s):					
Have you had a previous r	mammogram?					
If yes, where and when	_					
Do you have breast implar	nts?					

As stated on the Patient Instructions: On the day of your examination, do not use any deodorant, powder, ointments, oils, or creams between your shoulders and waist.

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For staff use only. Please do not mark on the illustration.

* = Lump x = Mole / = Scar Ø = Inverted Nipples

