Patient Exam Preparation Instructions:

Mammogram

Innovative Womens Healthcare & Diagnostics Center

Please follow the instructions below carefully.

- Arrive at least 15 minutes prior to your scheduled appointment.
- Do not apply powders, creams or deodorants on the day of your examination.
- You may eat, drink and take prescribed medications (unless additional testing to be performed on this day instructs otherwise).
- You will be instructed to undress from the waist up, so please choose appropriate clothing that will help facilitate this.
- Mammography appointments differ based on the indication for the study. If you are having a routine mammogram, then schedule a SCREENING study. If you are having a problem or need a follow up from a prior study, then a DIAGNOSTIC MAMMOGRAM (with possible ultrasound) is needed. If you are uncertain which study is needed, please discuss this with the ordering clinician or contact our scheduling department.
- Patients who are recently post partum, currently breastfeeding or have been breastfeeding within the last 6 months should contact our scheduling department prior to scheduling an appointment.
- Please complete the attached Mammogram Release Form & Patient Intake Form and email back to us prior to your exam date. We will order your previous films for comparison. It generally takes 2-3 week to obtain this via mail so please send your paperwork back as quickly as possible.

Please bring relevant studies and reports to your appointment

IWHC is able to obtain electronic images and reports for you if the previous studies were performed at our imaging center.

Innovative Women's Healthcare & Diagnostic Center
3200 Highlands Parkway, Suite #420
Smyrna, GA 30082

Please bring your prescription, insurance card, and photo ID

They are required for this procedure.

Payment

You will be expected to pay your estimated co-payment, co-insurance and/or deductible at the time of your appointment. Please call your insurance provider if you have questions about your plan or coverage.

Questions?

Please call us at **678-424-1123** and we will be happy to help.

Innovative Women's Healthcare & Diagnostic Center

MAMMOGRAPHY WORKSHEET

Mammogram Date _____ Patient ID _____

Demographics

Last	First	MI	Age	DOB
Home phone	Work phone	X	May we leave you a voicemail message? ☐ Yes ☐ No	
Referred by				

Do You Have Any Breast Problems? ☐ Yes ☐ No

R	L		R	L		R	L				
☐	☐	Lump or thickening	☐	☐	Nipple abnormality	☐	☐	Large axillary lymph nodes	☐	☐	Difficult physical exam
☐	☐	Skin changes to breast	☐	☐	Pain ☐ Other	☐	☐	Palpable abnormality	☐	☐	Skin thickening or retraction
☐	☐	Nipple Bloody discharge	☐	☐	Non-bloody discharge	☐	☐	Breast implant problem	☐		Cancer elsewhere

Do You Have A History Of Breast Cancer? ☐ Yes ☐ No

R	L			R	L				
☐	☐	Mastectomy	Year: _____	☐	☐	Chemo	☐	History of breast cancer	at Age _____
☐	☐	Lumpectomy		☐	☐	Radiation	☐	Breast cancer gene	

R	L		
☐	☐	Other	

Do You Have A History Of Other Cancer? ☐ Yes ☐ No

☐	History of ovarian cancer	at Age _____	☐ History of endometrial cancer at Age _____
☐	History of colon cancer	at Age _____	☐ History of high-risk lesion at Age _____

Have You Had A Prior Breast Biopsy / Aspiration Results? ☐ Yes ☐ No

Breast Implants

☐ Right ☐ Left

Date _____ Date _____

☐ Silicone Gel ☐ Silicone Gel

☐ Saline ☐ Saline

Have You Had Any Breast Surgery? ☐ Yes ☐ No

(Please include date, type, and result.)

_____

_____

_____

_____

_____

Family History of Breast Cancer ☐ Yes ☐ No

Relative	at Age	Pre-menopause	Relative	at Age	Pre-menopause
_____	_____	☐	_____	_____	☐
_____	_____	☐	_____	_____	☐

Gynecological History

First menstrual period at age _____ Last menstrual period at age _____ Are you pregnant? ☐ Yes ☐ No

First full-term pregnancy at age _____ Hysterectomy at age _____ Menopause at age _____

Number of live births _____

Have You Taken Hormones? ☐ Yes ☐ No

	Currently Using	Age at First Use	Age at Last Use	Duration of use		Currently Using	Age at First Use	Age at Last Use	Duration of use
Estrogen	☐	_____	_____	_____ yrs _____ mos	Tamoxifen	☐	_____	_____	_____ yrs _____ mos
Progesterone	☐	_____	_____	_____ yrs _____ mos	Raloxifene	☐	_____	_____	_____ yrs _____ mos
Oral Contraceptives	☐	_____	_____	_____ yrs _____ mos	Unspecified hormones	☐	_____	_____	_____ yrs _____ mos

Are there any changes since your last mammogram? ☐ Yes ☐ No

Patient Signature: _____ Please print, then sign printed copy

TECHNICIAN ONLY

Prior Study Comparison ☐ ☐ ☐ ☐ Yes ☐ No

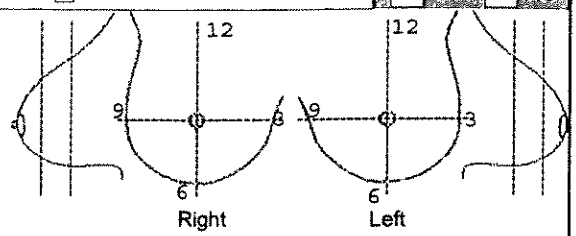
Technologist Notes:

_____

_____

_____

Tech Initials: _____



Innovative Women's Healthcare & Diagnostic Center

3200 Highlands Parkway, Suite #420 Smyrna, GA 30082 TEL: 678-424-1123 FAX: 678-424-1127

MAMMOGRAPHY RELEASE FORM

Please email completed and signed form to: *info@iwhcs.com* or mail to address above

Patient Name:_____ Date of Birth:_____

Previous Last Name (if applicable):_____

Date of Previous Exam:_____

Name and address of Facility or Hospital where imaging was performed:

_____

_____

_____

Signature releasing images:_____ **Date:**_____

Please send all reports with images on DICOM CD to:

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