



WOMEN'S MAMMOGRAPHY CENTER, Corp

ID #: _____

Date: _____

Technologist _____

Name: _____ Date of Birth: _____ Age: _____

Phone # _____ E-mail: _____

Former Last Name(s): _____

Ordering Doctor(s): _____ Other Doctor(s): _____

Reason for exam: Routine screening Breast problem Additional images Follow-up

CURRENT BREAST PROBLEMS: NONE Do you have FIBROCYSTIC breasts? NO YES

LUMP: Right Left DISCHARGE: Right Left

PAIN: Right Left OTHER (Please Describe) _____

Details and Duration of Problem _____

BREAST SURGICAL HISTORY:

Breast Surgery: NO YES Date(s) of surgery _____ Which Breast: Right Left

OPEN BIOPSY CORE BIOPSY NEEDLE BIOPSY MASTECTOMY RADIATION

Results: _____ Treatment if any: _____

Breast implants: NO YES Breast reduction: NO YES

DESCRIBE ANY MAJOR OR CHRONIC ILLNESSES: _____

DESCRIBE ANY PERSONAL HISTORY OF CANCER: _____

PREVIOUS MAMMOGRAM NO YES When _____ Results _____

PREVIOUS BREAST SONOGRAM NO YES When _____ Results _____

HAVE YOU HAD A BREAST MRI? NO YES When _____ Results _____

Have you had a Bone Density/Dexa? NO YES When _____ Where _____

FAMILY HISTORY OF BREAST CANCER: NO YES

MOTHER@age _____ GRANDMOTHER@age _____ SISTER@age _____ Other _____ @age _____

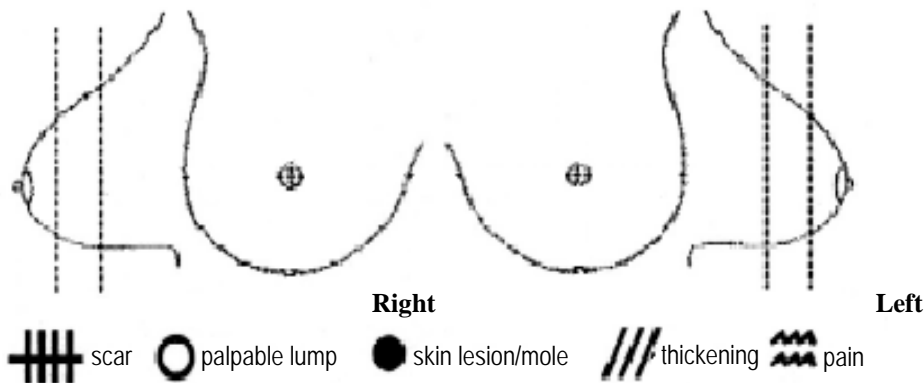
GYNECOLOGICAL HISTORY

Are you pregnant: NO YES Date of last period/menopause _____

History of Reproductive Surgery: Hysterectomy: NO YES Uterus Ovaries one both

Do you take hormones? NO YES Type: _____ How Long? _____

Physical Findings ----- to be completed by technologist





WOMEN'S MAMMOGRAPHY CENTER, Corp.

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Over the next several months, the Women's Mammography Center, Corp. along with our associates at Hunterdon Diagnostics will be advancing our efforts, moving to a film-less and paper-less office environment.

To begin this process, we have noted 3-steps outlined below:

- Reporting via fax - In order for your physician to receive patient reports in a timely manner, we will be either faxing the results or e-mailing them notification that the report is ready and can be reviewed from our secure web server.
- Images via disc - As an alternative to x-ray film, the mammography and ultrasound departments will be exporting images to DVDs for physician review. Automatically installed on the DVD will be standard and advanced viewing software with all the tools necessary to assist the physician with your care.
- Web access to images & reports - Currently available through our secure internet web server are mammographic images and their corresponding reports. Your physicians have the option to set up a web account for immediate access. Diagnostic ultrasounds including abdominal, obstetrical, pelvics & thyroid cases will be on-line soon.

Regarding federal HIPAA guidelines, you the patient have the right to receive office correspondence in whatever available format suits your needs. As noted above, our offices are moving towards a more paperless environment, so therefore we prefer forwarding any communications by e-mail or fax. Of course, if neither of these modalities is available, we will continue to send follow up letters by U.S. mail.

If any of the electronic forms of communications are available, please complete and sign the form below. If you have any further questions related to this topic, please do not hesitate to ask any of our office staff.

Patient Name: _____ Birth date: _____

I prefer to receive office correspondence by:

No change – mail Fax number: _____

E-mail Address: _____

Other: _____

Patient Signature _____ Date: _____