

# ON-SITE 3D SCREENING MAMMOGRAM

## Patient Scheduling Form

Please complete this form and email/fax it to the information at the bottom of the page. You may also make an appointment over the phone. Walk-in appointments will not be accepted.

Appointments available 9 AM - 3 PM

Patient's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Last 4 digits of social security number (optional): \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Insurance: \_\_\_\_\_

Physician's First and Last 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 NEW breast problems?  Yes  No

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

Is there anything hindering your mobility?  Yes  No

Wheelchair, Crutches, etc.

Exam Time Preference:  Morning  Mid-day  Afternoon

We will contact you with your appointment time within 2 business days.

Attn: Mobile Support

Fax: 704-943-3572

e-mail: Mobile.Support@CharlotteRadiology.com

Phone: 704-831-4242