



Marietta Imaging Center

Marietta Health Park
780 Canton Road, Suite 230 • Marietta, Georgia 30060
Phone 770-792-1234 • Fax 770-792-8013

DATE _____
XRAY NUMBER _____
NAME _____ DATE OF BIRTH _____ AGE _____
HOME PHONE _____ WORK PHONE _____
ADDRESS _____
REFERRING PHYSICIAN _____
PREVIOUS MAMMOGRAM? YES NO IF YES, WHEN? _____ WHERE? _____

PREVIOUS BREAST SURGERY

BIOPSY	RT	LT	DATE _____
MASTECTOMY	RT	LT	DATE _____
LUMPECTOMY	RT	LT	DATE _____
IMPLANTS	RT	LT	DATE _____
REDUCTION	RT	LT	DATE _____
HYSTERECTOMY	YES	NO	DATE _____

AGE OF FIRST MENSTRUAL CYCLE _____ AGE OF MENOPAUSE _____
NUMBER OF PREGNANCIES _____ AGE OF FIRST PREGNANCY _____ # OF BIRTHS _____
ARE YOU TAKING, OF HAVE YOU EVER TAKEN HORMONES?
 YES NO IF YES, WHAT KIND? _____

IS THERE A FAMILY HISTORY OF BREAST CANCER? YES NO
MOTHER: AT WHAT AGE _____ MATERNAL GRANDMOTHER: AT WHAT AGE _____
SISTER: AT WHAT AGE _____ MATERNAL AUNTS: AT WHAT AGE _____
DAUGHTER: AT WHAT AGE _____

WHAT IS THE REASON FOR THIS EXAMINATION?
CHECKUP/BASELINE _____ DISCHARGE RT _____ LT _____
LUMP RT _____ LT _____ PAIN RT _____ LT _____ TECH INITIALS _____

