

Scheduling
Phone: (559) 324-4848
Fax: (559) 324-4777

Nurse Coordinator
Phone: (559) 324-3774



MARJORIE E. RADIN
BREAST CARE
CENTER

at Clovis Community Medical Center

PATIENT

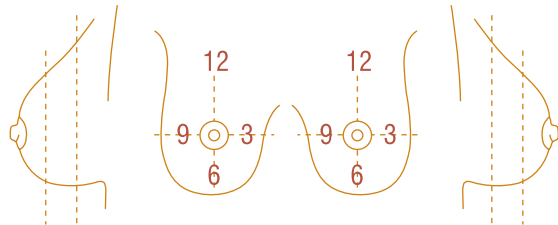
YOU MUST BRING THIS FORM ON THE DAY OF EXAM
PLEASE SEE REVERSE FOR PATIENT INSTRUCTIONS AND MAP

Patient's Name	DOB
Date of Appointment	Time
Location of Previous Mammogram	
Date of Previous Mammogram	

PHYSICIAN ORDERS

- Mammography-Asymptomatic Screening
 - Bilateral
 - Unilateral Rt Lt
- Mammography-Diagnostic
 - Bilateral
 - Unilateral Rt Lt
- Breast Ultrasound
 - Bilateral
 - Unilateral Rt Lt

MD: PLEASE MARK AREA OF CONCERN



- Cyst Aspiration Rt Lt
- Ultrasound Guided Biopsy Rt Lt
- Ductogram Rt Lt
- Needle Loc./Spec. Radiograph Rt Lt
- Stereotactic Biopsy Rt Lt
- Radin Multi-Disciplinary Clinic
- Other _____

Diagnosis/Symptoms _____

Clinical Information (History of biopsy, implants, etc.) _____

Date _____ Time _____

Physician's Signature _____ I.D. # _____

MAMMOGRAPHY/BIOPSY EXAMINATION

1. Please DO NOT use deodorant, perfume, powder, ointment or preparation of any sort in the underarm areas or on your breast. The underarm area must also be shaved.
2. Wear a blouse with skirt or slacks instead of a dress because it will be necessary to undress to the waist for the examination.
3. Children are not permitted in the exam room.
4. If any extra assistance is needed (i.e. wheelchair, attendant, interpreter, etc.) please notify us at time of appointment.

CLOVIS COMMUNITY MEDICAL CENTER

