



## REX MOBILE MAMMOGRAPHY PATIENT INSTRUCTIONS for SCREENING MAMMOGRAMS

All patients must present a photo ID and insurance card if applicable and have a scheduled appointment and be pre-registered.

Please fax documents directly to the REX Mobile Mammography office at (919)784-4205.

To be eligible for a screening you:

- Must have an active physician or medical home
- Must not have a personal history of breast cancer
- Must not have any abnormal symptoms (i.e. pain, new lump or nipple discharge – please contact your physician for follow up if you have any of these symptoms.)
- Must be at least 35 years of age (confirm coverage with insurance carrier)
- Must not have had a mammogram in the last 12 months (confirm coverage with insurance carrier if less than 12 months)
- Must make us aware if you have breast implants so you can be scheduled appropriately
- May not be pregnant or breastfeeding.

Please be sure to include the full name, address and phone number of your physician on registration form. All patients must have a physician. Please also be sure to indicate where you had your last mammogram. If your previous mammogram was with REX, please indicate it on the form.

Prior to your appointment, call the mammography facility and have them send your last mammogram films and report to:

**REX Image Service Center**  
2800 Blue Ridge Road, Suite 210  
Raleigh, NC 27607

If you are uncertain about your previous mammography facility, please call your physician's office and have them check your medical record report.

Attention to these guidelines will help us greatly in the registration process and will reduce the wait time on the day of your exam. Thank you for choosing REX Mobile Mammography to provide your annual mammogram.

If you have any questions, contact your site coordinator, or you may call REX Mobile Mammography at (919) 784-4210.





## REX Mobile Mammography Registration

All patients must bring their photo id and insurance card, if applicable, to their appointment.

**MUST COMPLETE ALL QUESTIONS**

Time: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

**REGISTRATION INFORMATION: READ AND COMPLETE FORM IN FULL. FORM MUST BE LEGIBLE**

Name (Last, First, Middle) : \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Language: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

When was your most recent COVID vaccine or booster? \_\_\_\_\_

**If you have received a COVID Vaccine or Booster, it is recommended to wait 4-6 weeks after a COVID Vaccine/Booster to have a screening mammogram. If it has not been, please notify your medical care provider to reschedule your mammogram to comply with recommendation.**

Name of Medical Provider: \_\_\_\_\_

Name of Practice Provider is at: \_\_\_\_\_

Address of Practice: \_\_\_\_\_

Phone Number : \_\_\_\_\_ Fax Number: \_\_\_\_\_

**If you have medical insurance, please attach a copy of the insurance card.\***

**If no insurance or Medicaid Family Planning only, please complete the Rex Mamm Assistance Application.**

**Have you been seen at REX or UNC (includes REX Mobile)?** \_\_\_ Yes \_\_\_ No

**If Yes; please provide your UNC REX Medical record Number :** \_\_\_\_\_

### BREAST HEALTH INFORMATION:

Reason for Today's Mammogram? \_\_\_\_\_ Routine \_\_\_\_\_ Other

Have you had or Do you have breast cancer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**(If yes, must schedule a diagnostic mammogram with referral from provider.)**

Have you been breastfeeding within the last 12 weeks? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you had any benign breast surgeries? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Side: L / R / Both Type: \_\_\_\_\_

Do you have breast implants? \_\_\_ Yes \_\_\_ No If Yes, What kind: Silicone / Saline / \_\_\_\_\_

### LAST MAMMOGRAM

Where: \_\_\_\_\_

When: \_\_\_\_\_

### EMERGENCY CONTACT

Name (first and last): \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

