MOBILE MAMMOGRAPHY SCREENING CENTER

MUST BE 40 YEARS OR OLDER WITHOUT A PRIOR BREAST ISSUE

SCREENINGS WILL ONLY BE PROVIDED AFTER ONE YEAR AND ONE DAY FROM THE WOMEN'S LAST SCREENING DATE

SCREENING DATE/LOCATION_____: _____

PATIENT DEMOGRAPHIC INFORMATION:

PATIENT NAME:_____

ADDRESS: _____

CITY, STATE, ZIP _____

HOME PHONE#_____ CELL PHONE_____

EMPLOYER:_____

PHONE#_____

D.O.B:___ ___/___ ___/___ ___ ____RACE:_____MARITAL STATUS:_____

LAST 4 DIGIT OF SOCIAL SECURITY #____ ____ ____ ____

LANGUAGE SPOKEN IN THE HOME_____

EMERGENCY CONTACTS:

NAME:_____ RELATIONSHIP:_____ PHONE_____

NAME:_____RELATIONSHIP:_____ PHONE_____

INSURANCE INFORMATION:

PRIMARY INSURANCE NAME_____SECONDARY INSURANCE NAME_____

POLICY HOLDER NAME:_____POLICY HOLDER NAME_____

SUBSCRIBER DOB (if different than patient) _____

INSURANCE ID # _____ INSURANCE ID #_____

GROUP #_____ GROUP #_____

ADDRESS _____ ADDRESS_____

PHONE# _____ PHONE#_____

DO YOU HAVE A WRITTEN ORDER FROM A PHYSICIAN ☐ YES ☐ NO

DO YOU WANT YOUR RESULTS SENT TO YOUR PRIMARY CARE PHYSICIAN ☐ YES ☐ NO

PRIMARY CARE PHYSICIAN:_____PHONE # _____

Email this completed form to team@livingbravetbc.org, or fax to Melissa Murray at (313) 647-3218, **no later than September 28th**. Please bring a Picture ID, Insurance Card and Prescription to your screening appointment.