

REX MOBILE MAMMOGRAPHY PATIENT INSTRUCTIONS *for* SCREENING MAMMOGRAMS

All patients are required to present a photo ID and, if applicable, an insurance card. Additionally, patients must have a scheduled appointment and be pre-registered.

To be eligible for a screening you:

- Must have seen a primary care provider within the past 12 months. If not, please contact your local health department.
- 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 inform us if you have breast implants for appropriate scheduling.
- Must not have had mammogram within the last 12 months (confirm with insurance)
- If breastfeeding, please pump 30 minutes before the exam.

Please ensure that the registration form includes the full name, address, and phone number of your physician, as all patients must have a physician. Additionally, indicate the location of your last mammogram. If your previous mammogram was conducted at Rex, please specify this on the form.

Before your appointment, please contact the mammography facility and request that they send your previous mammogram images and reports 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.

REXHEALTH.COM/MAMMOGRAPHY

UNC HEALTH Rex

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Rex Mobile Mammography Registration

All patients must bring your photo ID and insurance card (if applicable) to your 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/Ethnicity:_____ Language: _____

Address: _____

City: _____State: _____Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Last 4 of SSN: _____ Marital Status: _____

Email:_____

Date of your most recent COVID vaccine or booster? _____
Do you have any ADA (Americans with Disabilities Act,) Accommodations? ☐ Yes ☐ No
If yes, what kind? _____

Name of Medical Provider: _____
Name of Practice Provider is at: _____
Address of Practice: _____
Phone Number: _____ **Fax Number:** _____

If you have medical insurance? ☐ Yes ☐ No
If yes, please provide name of carrier: _____ Subscriber/Member ID Number: _____
If no or Medicaid Family Planning only, please complete the Rex Mammography Assistance Application.
Have you received care at UNC Health, including Rex Mobile? ☐ Yes ☐ No
If yes, please provide your UNC Health Rex Medical Record Number: _____

BREAST HEALTH INFORMATION:

Reason for Mammogram? ☐ Routine ☐ Other
Are you having any problems with your breast? ☐ Yes ☐ No
If yes, please describe: _____
Have you ever had, or do you currently have breast cancer? ☐ Yes ☐ No

(If yes, please schedule a diagnostic mammogram with a referral from your 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

Facility Name: _____
Date of Service: _____

EMERGENCY CONTACT

Name (first and last): _____
Relationship: _____
Phone Number: _____