

Patient Name: _____

Referring Physician: _____

Dear Patient:

Thank you for choosing Southern Maine Medical Center (SMMC) to provide your care. You can be confident in your choice as SMMC's caregivers have access to the full services of York County's largest medical center, ensuring the best of care in our offices and throughout the hospital. If you have any questions, please don't hesitate to call us at (207) 283-7170. If you need to change your appointment, please call us at (207) 283-7171.

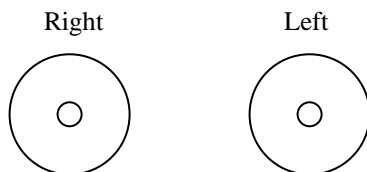
*Thank you,
SMMC's Radiology Department*

NOTE: PHYSICIAN TO COMPLETE

Does your patient currently have a history of:

	<u>Yes</u>	<u>No</u>
1. Breast implants	___	___
2. Breast pain	___	___
3. Mass, lump, swelling, thickening or dimpling	___	___
4. Nipple discharge	___	___
5. Personal history of breast cancer	___	___
6. Personal history of colon cancer	___	___
7. Personal history of endometrial cancer	___	___
8. Personal history of ovarian cancer	___	___
9. Axillary Lymphadenopathy	___	___
10. History of breast surgery/biopsy	___	___
11. Follow-up recommended by Radiologist	___	___

Please mark any abnormalities on diagram below:


**Your mammogram is
scheduled for:**

Date: _____

Time: _____

**Your appointment will be
at (please check one):**

- SMMC's Women's Center
One Medical Center Drive
Biddeford, ME 04005
(207) 283-7170
- SMMC PrimeCare Physicians
9 Healthcare Drive, Suite 106
Biddeford, ME 04005
(207) 283-0998
- SMMC Diagnostic & Therapy
Center, 4 Shape Drive
Kennebunk, ME 04043
(207) 467-6999

Preparation:

- Please avoid wearing perfume, deodorant or any kind of powder as these may affect the quality of your exam.
- If you have had previous mammograms at another facility, please arrange to have them sent to:
Southern Maine Medical Center
Radiology Department
One Medical Center Drive
Biddeford, ME 04005