alinea | MEDICAL IMAGING

BREAST IMAGING PATIENT FORM

CONTACT: (909) 622-3166

Last: _____ First: _____ MI: _____

Address: _____ Apt# _____ DOB: _____ SEX: ☐ Male ☐ Female

City: _____ State: _____ Zip: _____ Email: _____

Phone: ( ) _____ SS#: _____ Referred By: _____

METHOD OF PAYMENT: *(Circle one)* **EWC** **Insurance** **Medi-Cal** **Medicare** **Cash** **Bill Doctor/Clinic**

Have you ever had an exam with us before? ☐ Yes ☐ No

Is this your first mammogram? ☐ Yes ☐ No If no, when and where have you had an exam? _____

COMPLAINTS

L	R	
☐	☐	Breast pain
☐	☐	Lump you can feel
☐	☐	Nipple discharge
☐	☐	Breast implant problem
☐	☐	Nipple abnormality
☐	☐	Skin changes to breast
☐	☐	Other

BREAST CANCER Hx

Relative:	*At age:*
Mother	_____
Sister	_____
Maternal Grandmother	_____
Paternal Grandmother	_____
Maternal Aunt	_____
Paternal Aunt	_____

PERSONAL RISK FACTORS

Please check all that apply:	*At age:*
☐ Breast cancer gene	_____
☐ History of breast cancer	_____
☐ History of endometrial cancer	_____
☐ History of ovarian cancer	_____
☐ History of high-risk lesion	_____
☐ History of colon cancer	_____

PRIOR HISTORY

L	R		*Date (MM/YY)*
☐	☐	Breast biopsy	_____
☐	☐	Cyst aspiration	_____
☐	☐	Surgical breast reduction	_____
☐	☐	Breast implants	_____
☐	☐	Lumpectomy	_____
☐	☐	Mastectomy	_____
☐	☐	Breast cancer	_____

GYNECOLOGICAL HISTORY

Please check all that apply:

- ☐ Are you currently pregnant?
- ☐ Have you been pregnant before? If yes, # of Live Births: _____
- ☐ First full term pregnancy age: _____
- ☐ Have you had menopause? If yes, what age? _____
- ☐ Have you had a hysterectomy. If yes, what age? _____

ASSIGNMENT AND RELEASE:

I hereby assign my insurance benefits to be paid directly to Alinea Medical Imaging. I accept responsibility for non-covered services. I also authorize Alinea Medical Imaging to release information to my insurance carrier to process this claim.

RELEASE OF MEDICAL RECORDS:

I hereby authorize Alinea Medical Imaging to release my films and reports to any requesting physician or medical facility providing my medical care for continuing treatment in my health care. This authorization will remain in effect for 1 year from the date of my signature.

X: _____ **Date:** _____

OFFICIAL USE

EWC#: _____

Valid Dates: _____ **to:** _____

MRN: _____ Date: _____

Acc#: _____

Tech: _____ TA: _____

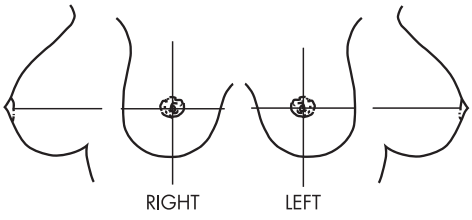
Procedure Code:

- ☐ **G0202** Screening Mammogram (Bilat)
- ☐ **G0204** Diagnostic Mammogram (Bilat)
- ☐ **G0206** Diagnostic Mammogram (Unilat) **L** **R**
- ☐ **76641** Breast Ultrasound (Comp) **L** **R** **BILAT**

REASON FOR BREAST IMAGING

- ☐ Screening, asymptomatic
- ☐ Baseline
- ☐ Hx breast augmentation, asymptomatic
- ☐ Hx of breast cancer, mastectomy
- ☐ Addl eval requested from prior study
- ☐ Follow-up at short interval from prior study
- ☐ Hx of benign breast bx
- ☐ Clinical finding
- ☐ Addl eval requested from abnormal screening
- ☐ Known biopsy proven malignancy

Physical Findings



Staff Comments: *(does not appear on report)*

1818 N. Orange Grove Ave, #101 Pomona, CA 91767 **P** (909) 622-3166 | **F** (909) 622-8046
2700 N. Main Street, #1107 Santa Ana, CA 92705 **P** (714) 380-6740 | **F** (909) 622-8046

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SELF REFERRAL CONSENT

CONTACT: (909) 622-3166

Name / *Nombre* _____

Date of Birth / *Fecha de Nacimiento* _____

You are here for a mammogram without a Doctor's Order. Alinea Medical Imaging agrees to perform the mammogram. We will send you the clinical exam report for future reference and a lay letter (the report in easy to understand terms). We usually mail out reports with-in 5 working days of the exam. If you have positive results and need further imaging or care, we will provide you with a current list of MD's, clinics, and organizations that may be able to help you get the recommended follow-up care with little or no cost to you.

Alinea Medical Imaging will be under no circumstance legally bound to ensure that you are seen / or that you are given follow-up care. You, as the patient will assume all responsibility for any / all follow-up care or treatment should any be necessary.

SIGNING BELOW INDICATES THAT I HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE AND AGREE TO PROCEED WITH THE MAMMOGRAM EXAMINATION.

Usted esta aqui para una mamografia sin una orden de un doctor. Alinea Medical Imaging se compromete a realizar la mamografía. Nosotros le mandaremos el informe clinico para su referencia en un futuro y una carta con un reporte facil de entender. Usualmente mandamos los reportes 5 dias de la fecha del examen. Si tiene resultados positivos y necesita mas imagenes o cuidado, le daremos una lista de doctores, clinicas, y organizaciones que podran ayudarla a obtener el cuidado recomendado con poco o ningun costo para usted.

Alinea Medical Imaging no sera en ningun caso legalmente obligado en asegurarse que usted sea vista o que se le de seguimiento. Usted como paciente asume toda responsabilidad de cualquier seguimiento o cuidado si es necesario.

MI FIRMA, QUE APARECE A CONTINUACION, INDICA QUE HE LEIDO ENTENDIDO LA INFORMACION ANTERIOR Y QUE DOY MI CONSENTIMIENTO PARA PROCEDER CON LA MAMOGRAFIA.

X: _____ **Date** / *Fecha* _____

PATIENT SIGNATURE / FIRMA DEL PACIENTE

_____ Date: _____

ALINEA REPRESENTATIVE

Do you currently have a doctor that you would like your results sent to?
¿Tiene actualmente un médico que le gustaría que sus resultados sean enviados a?

☐ YES / SÍ ☐ NO

If yes, please provide the doctor's information below / En caso afirmativo, proporcione información del médico a continuación:

Doctor's name / *Nombre del doctor* _____

Address / *Dirección* _____

_____

Telephone _____

Fax _____

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IMPLANT PATIENT CONSENT FOR MAMMOGRAPHY

Since you have implants we need to advise you of the following:

- The implant obscures some of the tissue so two sets of images will be taken when possible to visualize as much tissue as possible. One set of images will have the implant in the picture and another will be taken with the implant moved out of the picture.

- Implant ruptures are rare but have occurred. Like a balloon, an implant that is old or weakened can rupture at any time. This is an extremely rare occurrence but cannot be ruled out, as the condition of the implant cannot always be verified by feel prior to the mammogram.

In the first set of pictures, slight compression will be applied to your entire implant to hold it in place and prevent motion. These films are often helpful in visualizing a rupture that occurred previously. If a rupture is seen on the images the radiologist will note this in the report to your physician. Your doctor may then order an MRI as this is a more sensitive tool to look for or to view the extent of a rupture.

A second set of pictures will be taken if your implant is movable by pushing your implant back to look at the tissue in front of the implant. Normal compression must be applied and similar to a mammogram of a breast without an implant this compression may cause some slight discomfort but lasts only a few seconds. It is sometimes unavoidable to catch a tiny bit of the implant under the compression and if there is a weakness in the capsule this might cause it to leak. The same could happen if you hit that spot with any object.

Since occurrence of a rupture during mammography is rare and the benefit of mammography in early detection has been proven, we hope that you will proceed to allow us to perform your implant mammogram. Mammography is the earliest form of detection for changes in the breast but mammography is not perfect and does not detect all changes.

Puesto que usted tiene implantes tenemos que informarle de lo siguiente:

- El implante oscurece parte del tejido por lo que se tomarán dos conjuntos de imágenes siempre que sea posible para visualizar la mayor cantidad de tejido posible. Un conjunto de imágenes tendrá el implante en la imagen y otra se toma con el implante fuera de la foto.

- Roturas de implantes son raros, pero han ocurrido. Como un globo, un implante que es de edad o debilitado puede romperse en cualquier momento. Este es un acontecimiento extremadamente raro, pero no se puede descartar, como la condición de que el implante no puede siempre ser verificada por el tacto antes de la mamografía.

En el primer conjunto de imágenes, ligera compresión se aplicará a la totalidad de su implante para mantenerlo en su lugar y evitar el movimiento. Estas imagenes suelen ser útiles en la visualización de una ruptura que se produjo con anterioridad. Si la ruptura se ve en las imágenes el radiólogo tomará nota de ello en el informe a su médico. Luego, su médico puede ordenar una resonancia magnética, ya que es una herramienta más sensible para buscar o para ver el alcance de una ruptura.

Se tomará una segunda serie de imágenes si el implante se puede mover empujando su implante hacia atrás para mirar el tejido delante del implante. Compresión normal debe ser aplicada y similar a una mamografía de un seno sin un implante esta compresión puede causar una ligera molestia, pero dura sólo unos pocos segundos. A veces es inevitable para coger un poco de el implante bajo la compresión y si hay una debilidad en la cápsula que esto podría provocar que se generen fugas. Lo mismo podría suceder si usted golpea ese lugar con cualquier objeto.

La aparición de una ruptura durante la mamografía es poco común y el beneficio de la mamografía en la detección temprana se ha demostrado, esperamos que procederá a permitirnos realizar la mamografía implante. La mamografía es la forma más reciente de la detección de cambios en la mama, pero la mamografía no es perfecta y no detecta todos los cambios.

X: _____ **Date** / *Fecha* _____

PATIENT SIGNATURE / FIRMA DEL PACIENTE

_____ Date: _____

ALINEA REPRESENTATIVE

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