

## Free 3D Screening Mammogram

## **Patient Eligibility Form**

Name:	Date of Birth:
Address:	City:
State: Zip:	County:
Phone Number:	<del></del>
Referral Source:	
Screening Mamn	nogram Eligibility
Are you between the age of 40 and 67 years of age of	or older and female? Yes/No
Do you have a family history of Breast Cancer? Yes/	No If yes, list relative
Have you previously been told you have dense breas	st tissue? Yes/No
Do you have health insurance? Yes/No	
Do you live in Genesee County? Yes/No	
Do you have a Social Security Number? Yes/No	
Do you have a Primary Care Physician? Yes/No	
Do you have: Pain in either breast / discharge from r	nipple / lump in either breast?
Have you been diagnosed with any breast disease w	ithin the past 5 years? Yes/No
Have you had a mammogram within the last 12 mon	iths? Yes/No
Do you have breast implants? Yes/No	
McLaren is not responsible for providing diagnostic resting or treatment. Results from mammograms wi follow-up with your Primary Care Physician after you treatment or testing. The McLaren Flint Foundation' women who qualify with a free 3D Mammogram scr McLaren Flint Imaging Center. To submit the Patient contact the McLaren Flint Imaging Center at (810) 34	Il be sent to your Primary Care Physician. Please our mammogram for any additional needed 's "Pink Out for Mamms" fund provides the first 150 seening to be scheduled by appointment at the Eligibility form and schedule an appointment please
Signature:	Date:

