



Welcome to Women's Diagnostic Center

... A Division of *ADVANCED MEDICAL IMAGING*

•• Please present all medical cards at time of service ••

Name: _____ Title: Mrs. Miss Ms Mr
Last First Initial

Sex: (Circle one) M F Birthdate: _____ Soc. Sec. #: _____
Mo/Day/Year

Mailing Address: _____
Street City State Zipcode

Street Address: _____
Street City State Zipcode

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Referring Doctor(s): _____ Who is responsible for your bill: _____

Primary Insurance: _____ Secondary Insurance: _____

Please give us the following information on the subscriber for your insurance: *(If subscriber is someone other than yourself)*

Name: _____ Birthdate: _____ Soc. Sec #: _____
Mo/Day/Year

Employer: _____

If there are previous mammogram films, where were they taken: _____

If you are having a "Screening" Mammogram, please read the following and initial.

Welcome the Women's Diagnostic Center. You requested and were scheduled for a Screening Mammogram. This exam is designed for women not currently experiencing problems, and therefore, can be offered at a reduced price.

Our board certified radiologist will review your exam after you have left our facility. In a small number of cases, the radiologist may feel it is necessary to take additional views of specific areas of your breast. You will be notified within 7 working days, if this is required. There will be an additional charge for this return visit, which will be billed to your insurance carrier for you.

I have read and understand this statement. _____
(initials)