Central Florida
Breast Center, P.A.
Dr. Shenin Sachedina, D.O., FACOS

MMX HISTORY UPDATE

Patient Name: _____ Birth Date: ___/___/___

Physician Ordering Mammogram: _____

Are you wearing any deodorants or powders? ☐ Yes ☐ No

Are you currently taking or have you ever taken Contraceptives or Hormone Replacement Therapy?

☐ Yes ☐ No Name/Type: _____ Length of usage: _____

Is there any chance you could be pregnant? ☐ Yes ☐ No Last menstrual period: _____

Where was your last mammogram taken? _____ Date: ___/___/___

Date	L / R	Procedure	Diagnosis
___/___/___		Implants	
___/___/___		Reduction	
___/___/___		Lumpectomy	
___/___/___		Mastectomy	
___/___/___		Radiation	
___/___/___		Chemotherapy	
___/___/___		Needle BX	
___/___/___		Surgical BX	

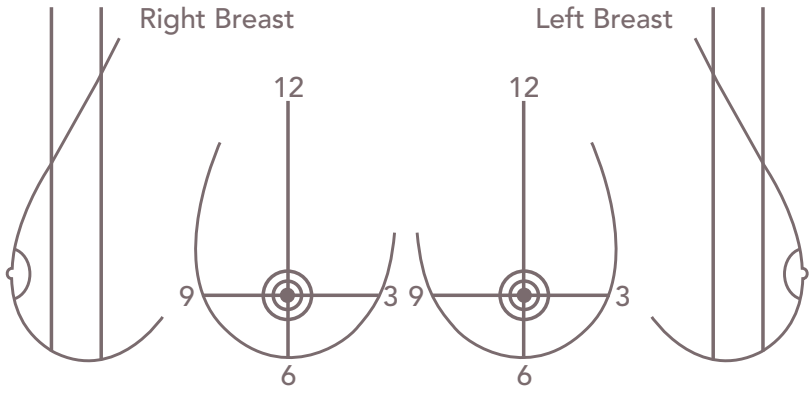
Family Breast Cancer History		
M / P	RELATIVE	AGE

I understand that a mammogram does not replace the need for a physical examination and/or ultrasound of my breast by my physician: If I have Breast Implants, I am aware that due to the nature of the procedure there is a risk of pain/discomfort and a rare possibility of damage to the implant(s). I will not hold either the physician or the facility responsible for the consequences associated with my implant(s).

Signature: _____ Date: ____/____/_____

FOR OFFICE USE ONLY

MAMMOGRAPHY:



Personal History			
FCD	YES	NO	610.1
CA	YES	NO	

Other Pertinent HX

Technologist: _____

Screening Dianostic Ecklund
Bilateral Unilateral / Right Left