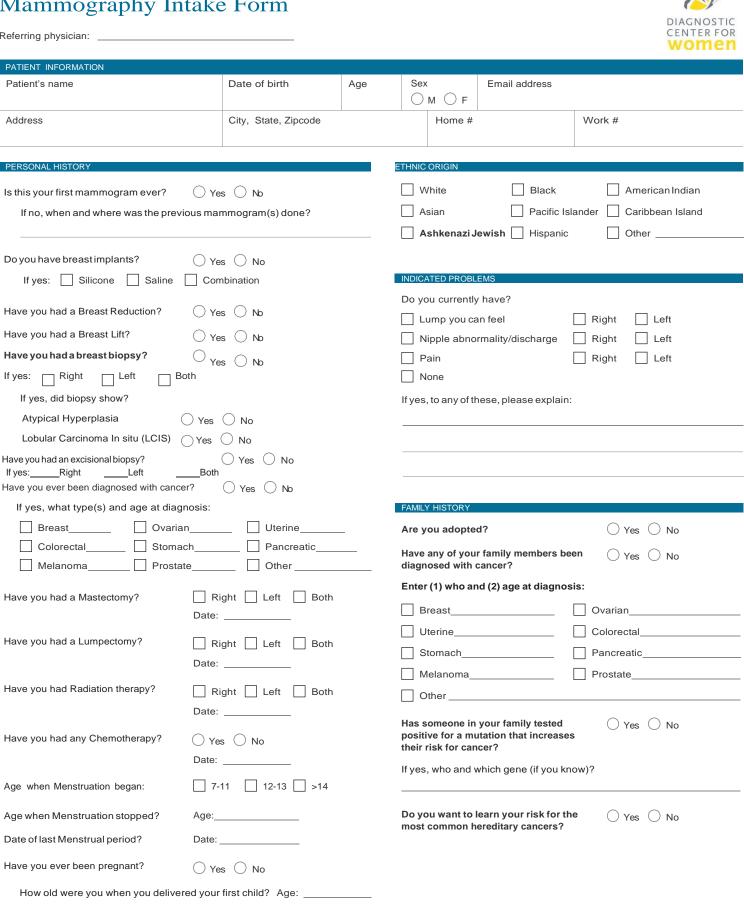
Mammography Intake Form

Referring physician:



SIGNATURES

To the best of my knowledge I am not currently pregnant. Signature: _

Patient's signature: