



CHESAPEAKE REGIONAL MEDICAL CENTER

WELCOME TO THE BREAST CENTER

844 N. Battlefield Blvd. Chesapeake, VA. 23320

If you would like to be contacted by phone to schedule your annual (screening) mammogram, please fill out the information below and fax to the number below.

REMINDER:

- You are at least 40 years old.
- You are not having any problems with your breasts. (i.e. pain, lump, discharge, etc.) * This would indicate the need for a diagnostic mammogram requiring a physician's order.
- You have no prior history of breast cancer.

Name: _____
Last First Middle Initial

Birth date: _____ SSN: _____

Address: _____

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

*(Please contact me at _____ Home _____ Work _____ Cell @ Time: _____)

Primary Insurance: _____ Policy #: _____ Group#: _____

Secondary Insurance: _____ Policy #: _____ Group#: _____

Date of last mammogram: _____ Location: _____

Breast Implants? Yes No

Scheduling preference:

_____ Mondays or Thursdays 4:00pm -7:00pm

_____ Tuesdays or Fridays 7:00am – 8:00am

** I would also like to schedule a Bone Density Study (Physician's order is required for scheduling).

Outpatient Scheduling Dept: Phone (757) 312-6137 Fax (757) 312-6271

THANK YOU FOR CHOOSING CHESAPEAKE REGIONAL MEDICAL CENTER