



SCREENATLANTA MOBILE MAMMOGRAPHY

Digital Screening Mammography Guidelines

Client assessment is based on the American Cancer Society guidelines and the guidelines of Northside Hospital in regard to mammography screening.

American Cancer Society Recommendations:

- Women 40 and over should have a mammogram every year

Additional screening guidelines:

- The participant must be 35 years of age
- 1 year must have elapsed since a previous mammogram
- The participant must be the established patient of physician and provide the complete office address and phone number of that physician
- The participant must provide a written order for a routine screening mammogram from a physician licensed in the state of Georgia.
- The participant is required to provide information regarding the year of the last mammogram, location, and phone number
- The participant must be pre-registered prior to her appointment date through our Pre-Admissions department (This is highly recommended but not mandatory for the provision of services).

Unfortunately, women with one or more of the following circumstances are unable to participate in the screening program:

- Significant “lump” needing diagnostic evaluation by a physician
- Unusual nipple discharge

Appointments are required for the mammography exam. Printed literature regarding mammography and breast self-exam is available to each participant during the appointment session. The participant can have previous mammogram images mailed to Northside Hospital, Attn: ScreenAtlanta, 1000 Johnson Ferry Rd., Atlanta, GA 30342 prior to the scheduled appointment date.

For further information, please contact us at (770) 667-4400.



NORTHSIDE HOSPITAL
Breast Care Program

SCREENATLANTA MOBILE MAMMOGRAPHY REQUEST

(Requests must be received at least 90 days prior to the event and a minimum of ten patients must commit for mobile services to be provided)

Date of Request _____

Name of Corporation/Client/Event: _____

Event Date: _____

Address of screening site: _____

Contact Person _____

Phone number/email address/fax number _____

Have you had mobile mammography at your location previously? _____

If so, how many patients participated? _____ Date of most recent screening _____

Will participants file insurance? _____ If no insurance, will you be requesting Breast Care Funding for mammograms? _____ (Participants must meet financial criteria and funds must be available)

Is there level and sufficient space available for the van to maneuver and park? _____

- ❖ The mobile unit requires a flat surface and the space of 8-10 parking spaces (The van is 40 feet long and 16 feet high)

Who owns the parking lot where the mobile unit is to park? _____

Have you obtained permission to have the mobile mammography unit park at the designated location? _____

Are the restrooms nearby the parking location and available for the staff and patients? (The mobile van does not have restrooms.) _____

- ❖ Is there restricted access to where the restrooms are located? _____

Is there available parking for staff vehicles? _____ Is there a fee for parking? _____