

**Human Resources Center, Inc.
MAMMOGRAM FORM**

*Required every two years for women 40 through 49 years of age.
Required every year for women 50 years of age or older.*

TO BE COMPLETED BY STAFF:

Name of Client: _____

Name of Physician: _____

Date of Mammogram: _____

Location of Service: _____

Name of Technician: _____

TO BE COMPLETED BY TECHNICIAN, IF APPLICABLE:

If the individual refuses evaluation, technician's statement:

Technician's Signature

(attach mammogram report to form once received)