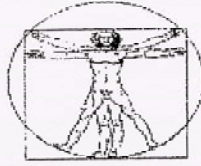


DIAGNOSTIC OUTPATIENT IMAGING



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Patient Name		Date of Birth	Phone Number	
Address		Work Phone		
Illnesses		Doctor's Name		
Surgeries		Was Procedure Explained?		
Total Pregnancies _____		Previous Mammogram-Place and Year		
Miscarriages _____		Current Breast Problems?		
Age at First Pregnancy _____		Do You Do Monthly Self Breast Examinations?		
Age at Last Pregnancy _____		What Current Medications Do you Take?		
Age at First Menstrual Cycle _____		Comment by Mammographer		
Age at Last Menstrual Cycle _____				
Family History (Please Check)	Breast Cancer			Other Cancer
You				
Grandmother				
Mother				
Daughter				
Sister				
Aunt				

Do Not Write Below This Line.

Have you ever had	Pain or Soreness	Lumps	Nipple Discharge	Biopsy	Mastectomy	Other
Left Breast						
Right Breast						

