



Mammography

Name: _____

Appointment Date: _____

Check In Time: _____

Location: _____

If you have any questions regarding your exam, please feel free to call us at any of the following locations.

Bellevue 206-341-1030

Lynnwood 425-712-7977 ext 27848

Seattle 206-625-7250

Issaquah 425-557-8013

Winslow 206-625-7373 ext 67121

Federal Way 253-874-1760

Kirkland 425-814-5114

Prior to your appointment	On the day of your exam
<p>To ensure the most thorough examination, it is important to have all previous mammography studies available for comparison</p> <p><input checked="" type="checkbox"/> If you have had prior mammograms at a facility other than Virginia Mason, please arrange to have your previous images sent to the radiology department at Virginia Mason.</p>	<p><input type="checkbox"/> Do not use deodorant, powder or body lotion as these items can compromise the quality of your exam.</p> <p><input checked="" type="checkbox"/> Wear a loose comfortable 2 piece outfit that is easy to remove</p>