BREAST AND CERVICAL CANCER SCREENING PROGRAM
MAMMOGRAPHY ACTIVITY LOG

DATE OF ENTRY (M/D/Y)	PATIENT'S NAME (LAST/FIRST/MI)	DATE OF BIRTH (M/D/Y)	DATE OF CBE (M/D/Y)	WERE CBE FINDINGS (NORMAL OR ABNORMAL)	DATE MAMMOGRAPHY RESULTS RECEIVED (M/D/Y)	MAMMOGRAPHY FINDINGS						DATE F/U DONE (M/D/Y)	F/U RECOMMENDED									IF CANCER DIAGNOSED DATE TREATMENT INITIATED (M/D/Y)	RECEIVED RETURNED DATE (M/D/Y)	BCCSP F/U REPORT SENT (M/D/Y)	COMMENTS
						NAE	NEG	B9	PBF	SAB	MAL		Addl Mam Views	Bx	FNA	F/U 1 YR Screen	MRI	Obt TX	Short Term F/U	Surg Cons	US				

6/6/2023