

BREAST CANCER SCREENING Registration and Consent Form

Please Print

Street Address				_		Name
Email: Primary Insurance: Contract #: Group #: Group #: Do you have a personal physician? Yes No If yes, please list: Physician's Name Telephone () Address City State Zip Code If no, would you like information on physicians in your area? Yes No Thereby release McLaren Oakland, all other heath care volunteers, and any other participating organizations from any liability from or connected with this breast cancer screening warmination. By voluntarily participating organizations from any liability from or connected with this breast cancer screening warmination. By voluntarily participating organizations from any liability from or connected with this screening, the best diagnosis is obtained through a complete breast cancer screening, and accept all risks associated with 1. I understand that the program will only screen for abovernatilities of the breast using an examination. Even with this screening, the best diagnosis is obtained through a complete breast cancer examination. Even with this screening, the best diagnosis is obtained through a complete breast cancer examination. Even with this screening, the best diagnosis is obtained through a complete breast cancer examination. By one participating organizations are cancer examination by my own physician. 1. This screening is not as complete or as substitute for a full breast cancer examination by my own physician. 1. This screening is not as complete or as substitute for a full breast cancer examination by my own physician. 1. This presenting the form the program with the cancer examination by my own physician. 1. This presenting the gram organizations, physicians, or health care volunteers. I am responsible for my own health. 1. This presenting organizations, physicians, or health care volunteers. I am responsible for my own health on the will be performed. Only a clinical manual breast exam will be performed to decree the present of the program organizations. Presenting the present of the present organizations or the present organ) _	Telephone (Street Address
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If no, would you like information on physicians in your area?)	Telephone (Physician's Name
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