



CEDARS-SINAI®

S. MARK TAPER FOUNDATION  
IMAGING CENTER

**OUTSIDE MAMMOGRAM  
TRACKING FORM**

PATIENT I.D.

Thank you for bringing in your prior mammogram films / CD. To better serve you, please let us know what you would like us to do with these films after they have been compared and digitized with the mammogram you are having today.

**Original Mammogram Films** (*Analog / Conventional*):

- 1. Please mail them back to the facility that I borrowed them from.
- 1. Please mail them back to me; I will be responsible for returning them to the facility myself.

NOTE: All digital films / CDs brought to Cedars-Sinai Medical Center will be mailed to the patient. (*These images are archived in our computer system*).

Please sign and date below. This will help us keep track of the films that you brought with you today. Thank you again for taking the time to help us serve you better.

Patient's Name ( <i>print</i> )	Signature	Date	Time
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Staff Name / Title	Signature	Date	Time
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