

 **FREE** mammogram
A **Better Health** Program of the DHS Foundation

Sign Up Sheet

Davis Medical Center is helping women in our region receive the best preventive screening for breast cancer. We're happy to bring **Better Health** to women through this quality, no cost program.

Name _____

Mailing Address _____

Email _____

Phone _____ Date of Birth _____


PLEASE READ AND CHECK ALL STATEMENTS THAT APPLY TO FIND OUT IF YOU QUALIFY


I agree that the following guidelines apply to me:

- I am 40 years or older.
- I have not had a mammogram within the last year.
- I do not have health insurance of any kind, including Medicare or Medicaid that covers a screening or diagnostic mammogram.
- Underinsured i.e. (high deductible)
- Must provide a written order for the mammogram from a doctor who will receive the radiologist's report.

Doctor's Name: _____

- Will register for the free mammogram by mailing this completed form to:

 **Davis Medical Center**
Radiology Dept.
812 Gorman Ave.
Elkins, WV 26241
304.637.3361
Fax: 304.637.3344

 **Broadus Hospital**
Radiology Dept.
1 Healthcare Drive
Philippi, WV 26416
304.457.8161
Fax: 304.457.8589

Patient Signature: _____ Date: _____

For Free Mammogram submit this form with a physician order to Davis Medical Center or Broadus Hospital.