## BREAST AND CERVICAL CANCER SCREENING PROGRAM MAMMOGRAPHY ACTIVITY LOG

DATE OF ENTRY (M/D/Y)	PATIENT'S NAME (LAST/FIRST/MI)	SOCIAL SECURITY NUMBER	DATE OF CBE (M/D/Y)	WERE CBE FINDINGS (NORMAL OR ABNORMAL)	DATE MAMMOGRAPHY RESULTS RECEIVED (M/D/Y)	MAMMOGRAPHY FINDINGS NAE NEG B9 PBF SAB MAL					ЛАL	IF CANCER DIAGNOSED DATE TREATMENT INITIATED (M/D/Y)	,				DATE F/U DONE (M/D/Y)	RECEIVED RETURNED DATE (M/D/Y)	BCCSP F/U REPORT SENT (M/D/Y)	COMMENTS