Mammography Results Communication

FORM 32

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Facility or Reporting Service: _____ **Communication Procedure:** _____

Track the applicable patient/provider deadlines and incomplete-assessment follow-up; retain full reports and summaries.

Patient Name or ID	Exam Date or Final Interpretation Date	Assessment or Report Reference	Patient Sent Date or Method	Provider Sent Date or Method	Follow-Up or Responsible Person

Mammography Results Communication

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____