

Step 1: Please Fill Out this Easy Form!

Use **blue** ink.

Please print and fill out this form, using **blue** ink.
Send it along to Mammogram Security along with the CD(s)
of your mammogram (and ultrasound(s), if any) and the report(s).

DON'T FORGET THE REPORTS!

First (i.e., given) name (print): _____

Last (i.e., family) name (print): _____

Year of birth: _____

When done with the CD(s) (you must check just one box, please):

- shred them; or,
 send them back to me.

Have you ever had biopsy-proven breast cancer?

yes

no

If "yes," which side(s)?

right

left

both

Year: _____

Age at the date of the mammogram now of concern to you: _____ years

Approximate weight at the date of that mammogram: _____ pounds, or _____ kg

Height: _____ feet _____ inches, or _____ cm.

Age at first menstrual period: _____ years

Prior to the mammogram of concern now, had you ever given birth?

yes

no

At the date of the mammogram of concern now to you,
had you already gone through menopause?

yes

no

in menopause then

Prior hormone replacement therapy (HRT)?

never

current user

stopped 5 or more years ago

stopped less than 5 years ago

Do you have a BRCA gene mutation (BRCA1 or BRCA2)?

unknown

tested and normal

yes, BRCA1

yes, BRCA2

Have you ever had ovarian cancer?

yes

no

Do you know yourself to be of one of these ancestries (partially or wholly)?:

- Norwegian

yes

no

- Māori, indigenous Australian or Pacific Islander yes no
- other indigenous: _____ yes no
- Ashkenazi/European Jewish yes no
- Icelandic yes no
- adopted and don't know yes no

Has your parent, grandparent, sibling or child ever had breast cancer? yes no
 If "yes," what relationship(s) – examples: *mother's mother* or *half-sister* or *father's brother*.

- Have you ever had radiation treatment to your chest, axilla (underarms) or breasts? yes no
- If "yes," which side(s): right left both

Additional comments, if desired:

Please initial all three items below, still using **blue** ink:

- _____ I understand and agree a) that Dr. Munn may provide consultation to me over the telephone and in writing regarding his expert opinions i) of the technical quality of the mammogram report(s) that had already been rendered by other(s), and ii) of whether those report(s) had been within the range of proper that a reasonable, prudent radiologist would, on average, render; and, b) that Dr. Munn will not be rendering his own, radiologist's professional medical report(s) of my breast imaging examination(s) images, nor will he provide medical advice to me.
- _____ I understand and agree that our consultancy relationship is exclusively *expert and client*. The service he is to provide to me is in the field(s) of his technical and quality expertise regarding *report(s)* of breast imaging exams.
- _____ I understand and agree that our consultancy relationship is not *physician and patient*. The service to be provided to me is not within the field of health/medical care nor medical advice. Although Dr. Munn is a medical doctor, he is not *my* doctor, and that I am not his patient.
- _____ I acknowledge that I have had an opportunity to read the *Privacy Policy*, the *Refund Policy*, and the *Terms of Service*, available at the bottom of online webpages at MammogramSecurity.org and at the online payment page(s); and, I understand and agree to their terms.

Signature: _____ Date: _____

Print Name (first and last names): _____

Finally, please read, understand, fill-in and sign the **Release Agreement** below, still using **blue** ink:

I, _____,
(print first name and last name)

of the City, Town or Village of _____,

in the State, Commonwealth or Province of _____,

in the Country of _____,

(hereinafter the "Releasor"), for and in consideration of no payment, under the terms of this Agreement and sufficiency of which is hereby acknowledged, do hereby fully voluntarily release and forever discharge Charles Samson Munn and Mammogram Security, of Rancho Palos Verdes, California (hereinafter the "Releasee"), including his/its agents, employees, successors and assigns, and his/its/their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever (including malpractice and/or medical malpractice and/or violations of the Health Insurance Portability and Accountability Act and/or similar or related legislation), which I now have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to person and/or property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the following:

- breast imaging consultation of any kind, medical, technical or otherwise,
- breast imaging reporting of any kind, medical, technical or otherwise,
- health and/or medical care, and/or health and/or medical advice,
- and/or breast imaging reporting consultation of any kind, medical, technical or otherwise.

It is understood and agreed:

- that this Release Agreement is made and received in full and complete settlement and satisfaction regarding the causes of action, claims and demands, etc., mentioned herein;
- that this Release contains the entire Release Agreement between the parties; and,
- that the terms of this Release Agreement are contractual and not merely a recital.

Furthermore, this Release shall be binding upon the undersigned, and her/his respective heirs, executors, administrators, personal representatives, successors and assigns. This Release shall be subject to and governed by the laws of the State of California.

This Release has been read and fully understood by the me, the undersigned Releasor, and has been explained to me to my complete satisfaction.

EXECUTED this _____ day of _____, 2020.
day of the month (number) month (word, not number)

Releasor's Signature: _____

Print Name (first and last names): _____

What is the best phone number to use to contact you? _____
example: 617.223.6117

Please, again (*yes, please write again*) that best phone number for you: _____

Your e-mail address: _____

Your postal address: _____

Would you like Dr. Munn to telephone you? yes no If "yes," best day(s) of the week to phone you:

- any day of the week; best time: _____ am pm
- Sunday; best time: _____ am pm
- Monday; best time: _____ am pm
- Tuesday; best time: _____ am pm
- Wednesday; best time: _____ am pm
- Thursday; best time: _____ am pm
- Friday; best time: _____ am pm
- Saturday; best time: _____ am pm

Your time zone:

- Pacific
- Mountain
- Central
- Eastern
- International/other: _____

Mail this form with your CD(s) and the exam report(s) to:

Mammogram Security
1700 Santa Fe Avenue, Suite 800
Long Beach CA 90813-1200
U.S.A.