

## Your Next Study Screening Visit is:

\_\_\_\_\_, 20\_\_\_\_  
DAY MONTH DATE

TIME: \_\_\_\_\_ AM / PM

Assigned Screening Modality:  Digital Mammography  
 Tomosynthesis Mammography



# TMIST

Tomosynthesis Mammographic  
Imaging Screening Trial



## SITE CONTACT INFO

CLINIC: \_\_\_\_\_

COORDINATOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_