

[Name of City or Locale]

MAMMOGRAPHY FACILITY GUIDE

WHERE TO GO FOR A SCREENING MAMMOGRAM/ADONDE IR PARA UN MAMOGAMA

Locations/Facilidades	Cost/ Costo	Accept/Aceptan Medicare*	Accept/Aceptan Medi-Cal? **	Doctor's referral needed?	Recomendacion de su doctor es necesaria?
[Facility Name] [Facility Address] ([approximate location]) [City, Zip Code, Phone number]	\$Cost	Yes/Si	Yes/Si	No	