## Recommended Screening Guidelines

Talk to your physician about getting screened!

<table>
<thead>
<tr>
<th>SCREENING</th>
<th>GENDER/AGE</th>
<th>EXAM</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>Women 40+</td>
<td>Mammogram</td>
<td>Annually</td>
</tr>
<tr>
<td>Cervical Cancer Screening (Women’s Health)</td>
<td>Women 21-64 years</td>
<td>Pap Smear</td>
<td>Every 3 years</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>Men and Women 50–75 years</td>
<td>Colonoscopy*</td>
<td>Every 10 years</td>
</tr>
<tr>
<td>Lung Cancer Screening</td>
<td>Men and Women 55-77 years <em>(Current smoker with 30 pack year history or smoking cessation for 15 years or less)</em></td>
<td>Lung CT Scan</td>
<td>Annually</td>
</tr>
<tr>
<td>Annual Wellness Visit</td>
<td>Men and Women 65+</td>
<td>Physical</td>
<td>Annually</td>
</tr>
</tbody>
</table>

*A Colonoscopy is the preferred method. Other tests only detect if cancer is already present.*

Be in the know when it comes to your own personal health records. Download the app, “FollowMyHealth”, from Google Play or the App Store or visit PIHHealth.org/MyPIHHealth to sign up for the patient portal. Access will allow you to request refills, schedule an appointment, view important medical history and much more.
SCREENINGS

___ Colon Cancer Screening 562.967.2656
___ Lung Cancer Screening 562.967.2892
___ Breast Cancer Screening 562.906.5692
___ Women’s Health 562.967.2876
___ Annual Wellness Visit 562.967.2880

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___ Signed up for FollowMyHealth Patient Portal Access

APPOINTMENTS

Missed appointments or cancellations within 24 hours of a scheduled appointment may result in a $25 fee.

For: _______________________________________________________
With: _______________________________________________________ 
Date: _______________________________________________________
Time: _______________________________________________________ 

For: _______________________________________________________
With: _______________________________________________________ 
Date: _______________________________________________________
Time: _______________________________________________________ 

For: _______________________________________________________
With: _______________________________________________________ 
Date: _______________________________________________________
Time: _______________________________________________________ 

Visit PIHHealth.org/Screenings to learn more.