



HPHA BREAST CENTRE

REQUISITION FOR BREAST IMAGING CONSULTATION

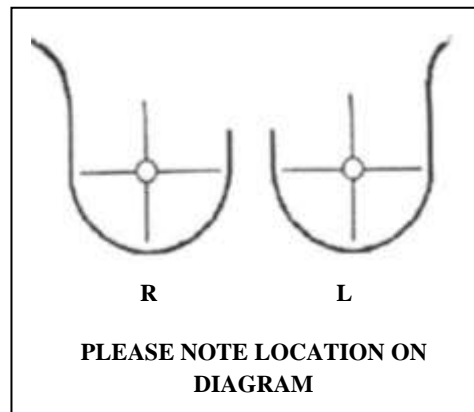
Referring Clinician (please print) _____ Clinician's Signature (mandatory) _____ Date _____ CC report to: _____	Name: _____ DOB: _____ ID Number: _____ Pt. Phone Number: _____ Health Card Number: _____
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Essential History

Previous Mammo No Yes when: _____ where: SGH other (specify) _____
 Previous Breast US No Yes when: _____ where: SGH other (specify) _____
 Previous Breast MRI No Yes when: _____ where: SGH other (specify) _____
 Previous breast cancer No Yes R or L when: _____
 Breast implants No Yes

Reason for Investigation

Screen (regular check-up/no problems) non OBSP OBSP *(50 and over) **519-272- 8210 ext. 2339**
 Surveillance/check-up for prior breast cancer
 Follow-up evaluation of a prior Mammogram or US finding
 New problem: how long _____
 breast lump R L _____
 thickening R L _____
 pain/tenderness R L _____
 nipple discharge R L _____



Studies Requested

Mammogram Bilateral R L
 Breast Ultrasound R L
 (US targets areas of clinical concern or Mammographic abnormality. Please note that we do not offer "screening" US.)

 US-guided aspiration or biopsy R L
 Stereotactic core biopsy R L
 Galactogram (for single duct spontaneous bloody or serous discharge) R L

 Pre-Op Needle Localization under: US Mammo R L lumpectomy mastectomy Date _____
 Sentinel Node Localization R L

Appointment Information

NON-OBSP: PLEASE FAX COMPLETED FORM to BREAST ASSESSMENT CENTRE: 519-272-8227
Appointment date and time will be faxed back to your office.

APPOINTMENT DATE: _____

ARRIVAL TIME: MAMMO _____ US _____

Please notify your patient of the above appointment and have them **register in the Breast Centre** (located in the East Building, 1st floor, North Wing adjacent to Emergency Department).

To change or cancel appointment, call 519-272-8210 ext. 2343

OBSP ONLY: Please have patient call 519-272-8210 ext. 2339 to book her appointment
OR fax requisition to 519-272-8227. We will contact the patient with her appointment.