# 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:_____

### 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 ☐ | | | |

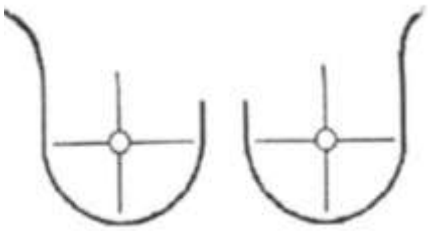
### Reason for Investigation

☐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 _____



**R** **L**

**PLEASE NOTE LOCATION ON DIAGRAM**

### 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

**<u>NON-OBSP</u>: 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**

**<u>OBSP ONLY</u>:** 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.