

Breast Imaging Requisition

189 Elm Street. St Thomas, ON Canada N5R 5C4 Fax: 519-631-8842

PATIENT INFORMATION

Last Name _____ First Name _____

Address _____ DOB _____
(YY/MM/DD)

(H) Phone # _____ (C)Phone# _____

Health Card # _____ VC _____

For APPOINTMENTS

Call 519-631-2020 ext 2517

Mon- Fri Only Between 8:00AM – 4:00PM

Appointment Date and Time

IMPORTANT- Please bring a valid Health Card. No children allowed in exam rooms during an exam. Please arrange childcare.

Previous Mammogram or Breast Ultrasound Yes

Please attach previous reports.

Is the patient unable to stand alone? Yes

These patients will be booked for extra time.

Breast Implants? Yes

Ontario Breast Screening Program

Age 50 to 74 - No history of breast disease, no implants or current breast concerns.

Diagnostic Mammography Program BILATERAL RT LT

For patients with clinical concerns, breast implants, recall from screening

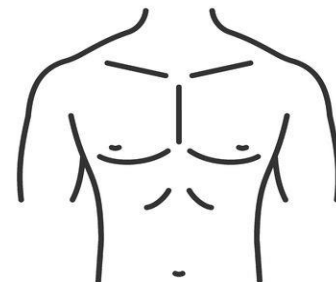
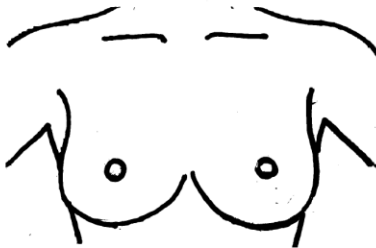
Do not order for patients under 30 – order US only as first step. You must identify the quadrant of concern below.

Breast Ultrasound Program BILATERAL RT LT

Dimpling, breast abscess, cysts, lumps, thickenings or focal area of pain

Breast Ultrasound is not appropriate for screening purposes. You must identify the quadrant of concern below.

Clinical Information: Please use the diagram below to mark the area of concern



Ordering Provider: _____

Billing # _____

Signature _____

Please arrive 20 minutes prior to appt time in Diagnostic Imaging. No powder or deodorant please. Enter the EAST Entrance.

By signing this requisition, you are providing authorization to STEGH for your patient to receive additional imaging (mammography, ultrasound and procedures as triaged by the breast radiologist) to resolve this diagnostic request.

This authorization does not include any imaging or procedures, which may be required at another facility.