

Breast Imaging Requisition

PATIENT INFORMATION				
LAST NAME		FIRST NAME		PREFERRED NAME
ADDRESS	CITY	PROVINCE	POSTAL CODE	DOB (yyyy/mm/dd)
PHONE	ALTERNATIVE PHONE	HEALTH CARE NUMBER		VERSION CODE
APPOINTMENT DATE AND TIME:			IMPORTANT- Please bring a valid Health Card. No children allowed in exam rooms during an exam. Please arrange childcare. Please arrive 20 minutes early to register in Diagnostic Imaging	

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 40-74- no referral needed. Age 75+ requires requisition. Must have no history of breast cancer or breast concerns

Diagnostic Mammography Program BILATERAL RT LT
For patients with clinical concerns (ie. Palpable lump/thickening, acute skin/nipple changes, non-physiological discharge, acute focal pain) or recall from screening or history of breast cancer.

Breast Ultrasound Program BILATERAL RT LT
For patients under 30, breast abscess symptoms, breast recalls. Breast US is not appropriate for screening purposes. You must mark the quadrant of concern below.

Clinical Information:

Please mark the area of concern on the diagram below:



REFERRING PROVIDER			
NAME		BILLING NO.	LICENSE NO.
PRIMARY PHONE	URGENT FINDINGS PHONE	COPY TO	
PROVIDER SIGNATURE			DATE

By signing this requisition, you are providing authorization to STEGH for your patient to receive additional imaging (mammography, contrast mammography, US, 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.