

MSJ BREAST IMAGING REQUISITION



Diagnostics Referral

Last Name _____ First Name _____
 Date of Birth (D/MMM/YYYY) _____ Age _____
 Personal Health Number _____ Gender _____

Medical Imaging Department
Mount Saint Joseph Hospital
 3080 Prince Edward Street, Vancouver, BC
PHONE: 604-877-8323
FAX: 604-877-8132

Permanent address _____ City _____ Postal code _____
 Phone number _____ Alternative phone number _____
 Language: _____ Interpreter required

APPOINTMENT DATE: _____ **TIME:** _____ Patient contacted by Medical Imaging

Radiologist will determine appropriate imaging according to departmental protocols.

PRESENT COMPLAINT:
 Lump
 Thickening
 Nipple discharge – specify color, side, duration: _____
 Other – specify: _____

FOLLOW-UP SURVEILLANCE:
 As recommended by previous Medical Imaging report
 Date: _____
 Previous breast cancer (Right Left Bilateral)
 Breast Prosthesis (Implants)

MARK AREAS OF CONCERN: (NEW symptoms only)

Right Left

HISTORY:

Previous mammogram: No Yes – Date & location: _____ Send previous images & reports
 Previous ultrasound: No Yes – Date & location: _____ Send previous images & reports
 Previous breast biopsy / surgery: No Yes – Results: _____
 Family history of breast cancer: No Yes – Specify: _____
 Anticoagulation therapy: No Yes – Type: _____
 Pregnancy: No Yes – Gestational Age: _____
 Breastfeeding: No Yes
 Infection precautions: No Yes – Specify: _____
 Wheelchair / Stretcher bound: No Yes

In submitting this requisition, I agree to allow the Radiologist to use their discretion in the choice of imaging techniques and subsequent tissue sampling. I consent to my patient being seen by a breast physician or surgeon at the Providence Breast Centre if deemed appropriate.

REFERRING PHYSICIAN:
 Name: _____
 Signature: _____ Billing #: _____
 Phone: _____ Fax: _____
 Family physician or Specialist (specialty: _____)
Additional copies of report to: _____

TECHNICAL IMPRESSION: (for Medical Imaging Dept use only)

Clerk	Tech	Rad
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Please note that this is NOT a referral form for clinical consultation in the Providence Breast Centre

Appointments will not be booked until all prior reports are received ■ INCOMPLETE REQUISITIONS WILL BE RETURNED.