



Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

## BREAST IMAGING AND PROCEDURE REQUISITION

Date of Referral: \_\_\_\_\_

INVESTIGATIONS REQUIRED:	Right	Left	
<b>Imaging</b>			
Screening Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	
Diagnostic Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Procedures</b>			
Ductogram	<input type="checkbox"/>	<input type="checkbox"/>	
Ultrasound Guided Core Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	
Stereotactic Core Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Needle Aspiration	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-operative Breast Localization	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	

Family Breast Cancer History:  
 Mother  Daughter  Sister  Other

Age at Diagnosis: \_\_\_\_\_

Is patient taking blood thinners/aspirin?  
 No  
 Yes\* \_\_\_\_\_

**\*Note: if patient goes to biopsy, you will be contacted to instruct patient regarding proper management of blood thinners/aspirin.**

### Clinical History or Indication for Examination:

\_\_\_\_\_

\_\_\_\_\_

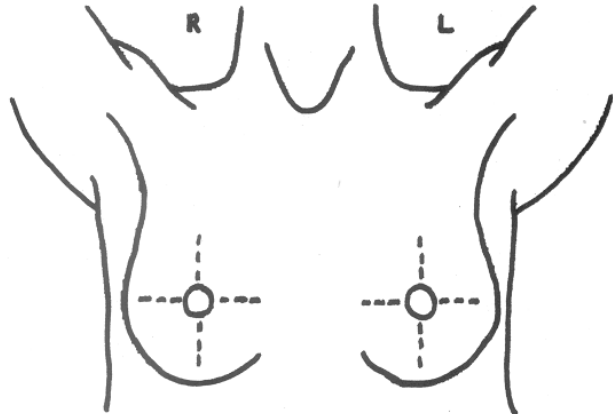
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Previous Mammogram:  Yes  No Date: \_\_\_\_\_ Where: \_\_\_\_\_

Previous Ultrasound:  Yes  No Date: \_\_\_\_\_ Where: \_\_\_\_\_

Note: By signing this requisition, you are providing authorization to The Linda Buchan Centre for your patient to receive additional imaging (mammography, ultrasound and procedures only, **MRI excluded**), as required, to resolve this diagnostic request.

Physician or Health Care Provider (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Copies of Reports to: \_\_\_\_\_

#### Guidelines:

1. Requisition is used to order all breast imaging and breast procedures that are performed at Thunder Bay Regional Health Sciences Centre.
2. Ordering Physician or Health Care Provider is to complete requisition.
3. **Completed requisitions are to be faxed to The Linda Buchan Centre at (807) 684-5848.**
4. Completed **Regional** requisitions are to be faxed to the **Regional Booking Office** at 807-684-5907.
5. The Linda Buchan Centre Booking clerk will contact patient to book appointment and then file requisition within the department.