



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	
Imaging			
Screening Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	
Diagnostic Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures			
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"/>	

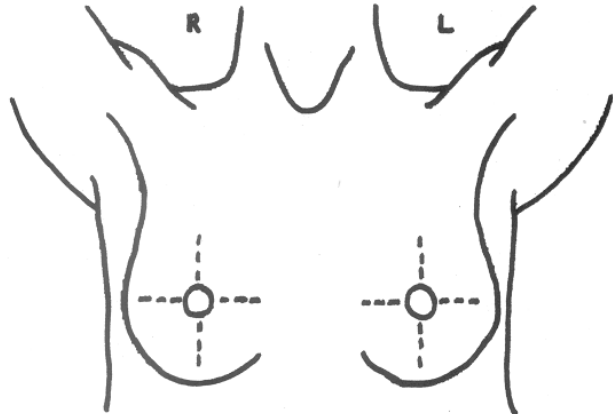
Family Breast Cancer History:
 Mother Daughter Sister Other

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. Fax requisitions including Regional referrals to Diagnostic Imaging Central Intake **855-978-1862**.
4. The Linda Buchan Centre Booking clerk will contact patient to book appointment and then file requisition within the department.