Thunder Bay Regional Health Sciences Centre

The Linda Buchan Centre Breast Screening & Assessment

980 Oliver Road
Thunder Bay, Ontario
Canada P7B 6V4

Patient Name:_______________________________
D.O.B. (YYYY-MM-DD):______________________
Address:____________________________________
City/Town, Prov:_____________________________
Postal Code: ___________Tel: ________________
Health Card #: _______________Version: ____
Place Patient Label with Barcode HerePlace

BREAST IMAGING AND PROCEDURE REQUISITION

Date of Referral: ______________________________
Is the patient hearing impaired? Yes ☐ No ☐
Does patient require an interpreter? Yes ☐ No ☐

INVESTIGATIONS REQUIRED:	**Right**	**Left**
Imaging		
Screening Mammogram	☐	☐
Diagnostic Mammogram	☐	☐
Ultrasound	☐	☐
Procedures		
Ductogram	☐	☐
Ultrasound Guided Core Biopsy	☐	☐
Stereotactic Core Biopsy	☐	☐
Fine Needle Aspiration	☐	☐
Pre-operative Breast Localization	☐	☐
Other_____________________	☐	☐

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:
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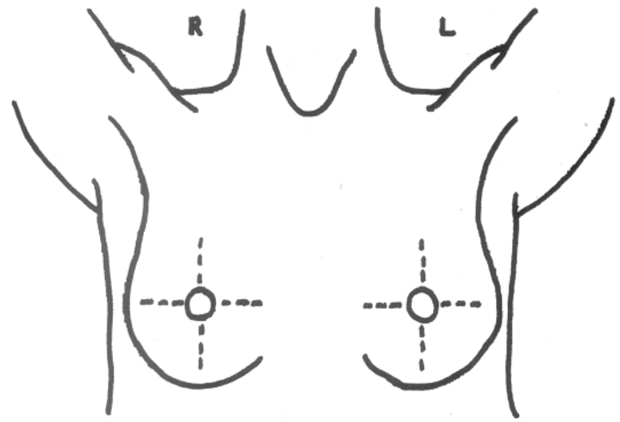

Previous Mammogram: ☐ Yes ☐ No **Date:** ___________________ **Where:** ____________________

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.

Healthcare 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 **1-855-978-1862**.
4. The Linda Buchan Centre Booking clerk will contact patient to book appointment and then file requisition within the department.