



Thunder Bay Regional  
Health Sciences  
Centre

ONTARIO BREAST SCREENING  
PROGRAM

**REQUISITION**

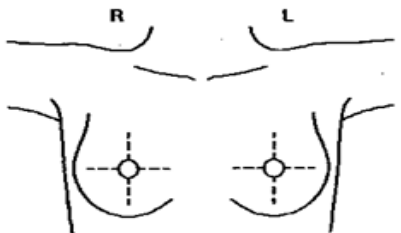
Patient Name: \_\_\_\_\_  
Date of Birth (DD/MM/YYYY): \_\_\_\_\_  
HC#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_  
Secondary Phone Number: \_\_\_\_\_

**Guidelines for Use:**

1. Complete all pertinent fields.
2. Complete requisitions are to be faxed to the OBSP at (807) 345-6602.
3. The OBSP will contact patient to book appointment.

**Investigation Required:**

- OBSP Screening Mammogram
- OBSP Recommendation: Women ages 40-74 receive a screening mammogram every 2 years
- Diagnostic Mammogram (Non-OBSP)  
(Screen for Life Coach Specific Investigation - **AVAILABLE OUTSIDE OF THUNDER BAY ONLY**)
- Non-OBSP Mammogram Indications (check all that apply):
    - Does not meet OBSP age guidelines (<40 or > 74)
    - Previous breast cancer
    - Breast implants
    - Other: \_\_\_\_\_

<u>Clinical History</u>	
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**Family Breast Cancer History:**

- Mother  Daughter  Sister  Other  
Age at Diagnosis: \_\_\_\_\_

**Previous Mammogram:**

- Yes  No  
Dates: \_\_\_\_\_  
Location: \_\_\_\_\_

Physician or Nurse Practitioner (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Physician or nurse practitioner must have ordering privileges at TBRHSC.

\* If physician or nurse practitioner work at more than one clinic, please indicate preferred clinic for results delivery.

Copies of report to: \_\_\_\_\_

Note: Women can self-refer to the OBSP by calling (807) 684-7777 or 1-800-461-7031.