



## Mammography & Breast Ultrasound

Imaging Services  
 Tel. (705) 739.5610  
 Fax. (705) 727.7733

Name: \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Health Card #: \_\_\_\_\_  
 Date of Birth (DD/MM/YYYY): \_\_\_\_\_  
 Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

### RELEVANT CLINICAL INFORMATION

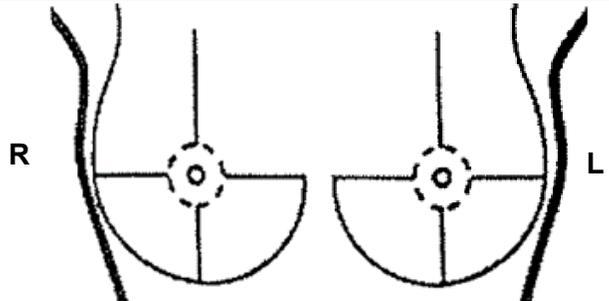
*Must be provided and please be specific. Must be indicated on diagram*

#### 1. Mammography

- Routine Screening
- Routine with Implants
- Diagnostic**
- New mass
- Clear/bloody nipple discharge

#### 2. Breast Ultrasound

- Targeted ultrasound
- Follow-up of previous study



Please ensure to document specific location of nodule to be localized in diagram.

- Previous Breast Imaging       Previous Breast Cancer       High Risk
- Date: \_\_\_\_\_  
 Location: \_\_\_\_\_

#### Interventional Request

- Ultrasound guided biopsy       R       L
- Stereotactic core biopsy       R       L

#### Needle Wire Localization

- Ultrasound       R       L
- Mammography       R       L

#### Patient Preparation

- **Please ensure arrangements have been made to provide us with any previous mammograms taken at another hospital or clinic, as they are necessary for comparison purposes. Failure to provide us with this information may delay the examination results.**
- Please do not use deodorant or talcum powder on the day of your examination.
- Avoid all caffeine products (coffee, tea, chocolate) for 72 hrs prior to your appointment time to help minimize the discomfort of breast compression.
- Breast Imaging is located on level 1.

Referring Physician: (print first, last)

Date:

Signature:

Date:

Address:

Office Phone: (      )

Fax Number: (      )

