Eastern Health
Diagnostic Imaging

Request for Mammography Exam and Consultation

Name: _____

HCN: _____

Date of Birth: DD/MONTH/YYYY _____

Address: _____
Street/Town/Postal Code

Telephone: _____

❑ Inpatient – Unit _____ ❑ Outpatient

Is patient mobility restricted? ❑ Yes ❑ No

Patient Transport: ❑Bed ❑Stretcher ❑ Wheelchair

❑ MCP ❑ WCC ❑ NR ❑ DVA ❑ DND ❑ Other: _____

Physician Information (please use stamp)

The ordering physician is responsible to follow-up on the exam report.

Physician Signature: _____

Date: DD/MONTH/YYYY _____

Copy report to (please print): _____

Type of Exam Required

Specific Exam Requested: _____

Please Identify Urgency

Based on clinical assessment, Radiologist consult may be indicated.

❑ Urgent

❑ Non-urgent

❑ Follow-up (Specify Date): DD/MONTH/YYYY _____

❑ Screening (Specify Date): DD/MONTH/YYYY _____

Please indicate whether exam is being requested for a specific site or first available appointment. Please note that requesting a specific site may result in a longer wait time.

❑ First Available Appointment ❑ Specific Site (indicate site): _____

Clinical Information

Does patient have breast implants? ❑ Yes ❑ No

Is patient on Warfarin, ASA or other anticoagulant? ❑ Yes ❑ No

Please list any other relevant patient medications:

_____

Please list allergies: ❑ None

_____

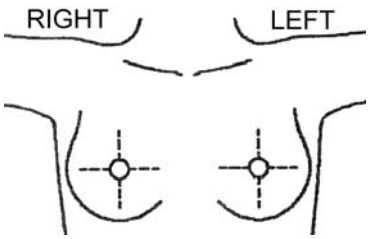
Date and location of last mammogram:
DD/MONTH/YYYY _____

Clinical Indications for Exam (including previous relevant exams):

_____

_____

_____



Initial Screening (bilateral): ❑ Yes ❑ No

Lump/Thickening/Nodularity: ❑ Right ❑ Left

Axillary adenopathy: ❑ Right ❑ Left

Inflammation/skin changes: ❑ Right ❑ Left

Contralateral surveillance: ❑ Right ❑ Left

Nipple discharge/retraction: ❑ Right ❑ Left

Pain/discomfort: ❑ Right ❑ Left

Other: _____

Clinical Diagnosis: _____

_____

For Diagnostic Imaging Use Only

Ordering Physician Notified: ❑ *Phone* ❑ *Message* ❑ *Mail*

Date Received: DD/MONTH/YYYY _____

Patient Preparation Instructions: ❑ *Yes* ❑ *No*

Patient Notified: ❑ *Phone* ❑ *Message* ❑ *Mail*

Exam Protocol: _____

_____

_____

_____