

Waterloo Wellington Hospitals Breast Imaging Requisition

OFFICE USE ONLY

Exam Date: _____

Arrival Time: _____

Exam Time: _____

Fax completed requisition to ONE Hospital:

- Cambridge Memorial Hospital: (CMH) **519-740-4904**
- Groves Memorial Community Hospital:(GMCH) **519-843-7637**
- Guelph General Hospital: (GGH) **519-766-9982**

- St. Mary's General Hospital: (SMGH) **519-749-6989**
- Waterloo Wellington Breast Centre:(WWBC) **519-894-8328**

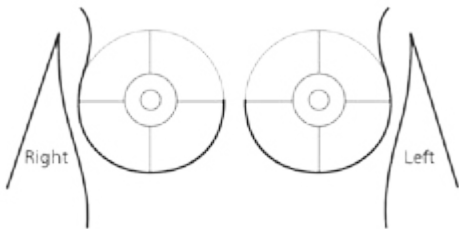
Patient Information

Last Name, First Name: _____	Health Card #: _____	VC: _____
DOB: <u>DD/MM/YYYY</u> <input type="radio"/> Male <input type="radio"/> Female	WSIB? <input type="radio"/> Y <input type="radio"/> N	Injury Date: <u>DD/MM/YYYY</u>
Street Address: _____	Please include Claim #: _____	
City/Town: _____	Other Insurance? Third Party or Self Pay	
Province: _____ Postal Code: _____	Specify: _____	
Contact Number: _____	Required Patient Information:	
Home: _____ <input type="radio"/> Y <input type="radio"/> N Patient consents to leave message	Height: _____ (cm)	Weight: _____ (kg)
Other: _____ <input type="radio"/> Y <input type="radio"/> N Patient consents to leave message	<input type="radio"/> Hoyer Lift Required	
Preferred Language: <input type="radio"/> English <input type="radio"/> Other: _____	<input type="radio"/> Motorized Wheelchair	
<input type="radio"/> Y <input type="radio"/> N An interpreter is required to consent to the procedure. CMH, GGH, GRH and SMGH have interpretation services available.		

EXAM INFORMATION: PHYSICIAN TO COMPLETE **INCOMPLETE REQUISITIONS WILL BE RETURNED**

Ordering Physician Name (Please print): _____	Signature _____ Date _____
Contact #: _____ Fax#: _____	

Copy to (Please print) _____

<p>Clinical History/Indication (reason for exam)</p> <p>Please indicate findings on diagram</p>  <p>Interventional Request (Includes Radiologist Consult)</p> <p>Ultrasound Guided Biopsy <input type="radio"/> R <input type="radio"/> L</p> <p>Ultrasound Guided Aspiration <input type="radio"/> R <input type="radio"/> L</p> <p>Stereotactic Core Biopsy <input type="radio"/> R <input type="radio"/> L</p> <p>Needle Wire Localization <input type="radio"/> R <input type="radio"/> L</p> <p>Patient on Anticoagulants? <input type="radio"/> Y <input type="radio"/> N</p> <p>Type: _____</p> <p>Dose: _____</p>	<p>Please Check Exam Requested</p> <p>Screening Mammogram OBSP <input type="radio"/></p> <p>Diagnostic Mammogram <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Bilateral</p> <p>Targeted Ultrasound Breast <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Bilateral</p> <p>Breast Diagnostic Pathway/Assessment (Choose site below)</p> <p><input type="radio"/> CMH Breast Assessment Diagnostic Pathway</p> <p><input type="radio"/> GMCH Breast Diagnostic Unit</p> <p><input type="radio"/> GGH Breast Assessment Clinic</p> <p><input type="radio"/> SMGH Breast Diagnostic Unit</p> <p><input type="radio"/> WWBC Breast Assessment Clinic</p> <p>(Please see Summary of Services on Reverse)</p> <p>Please Complete Patient Screening (where applicable)</p> <p>Breast Implants <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Bilateral</p> <p>Prior Breast CA <input type="radio"/> R <input type="radio"/> L</p> <p>Prior Biopsy <input type="radio"/> R <input type="radio"/> L</p> <p>Prior Lumpectomy <input type="radio"/> R <input type="radio"/> L</p> <p>Mastectomy <input type="radio"/> R <input type="radio"/> L</p> <p>Recent Cyst Aspiration <input type="radio"/> R <input type="radio"/> L</p> <p>Breastfeeding <input type="radio"/> Y <input type="radio"/> N</p> <p>* Prior Reports and Imaging must be provided if completed elsewhere *</p> <p>Location name of where previous imaging was conducted: _____</p>
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For Ontario Breast Screening Program (OBSP) Guidelines and Information, please refer to www.cancercare.on.ca

Please indicate location of Breast Imaging examination for Patient:

<input type="checkbox"/> Cambridge Memorial Hospital 700 Coronation Blvd. Cambridge ON N1R 3G2	Telephone: 519-621-2333 x2230 Fax: 519-740-4904 www.cmh.org	• All patients are to register in the Diagnostic Imaging Department, located on the 1st Floor of the hospital's A Wing , at the indicated arrival time.
<input type="checkbox"/> Groves Memorial Community Hospital 235 Union St. East Fergus ON N1M 1W3	Telephone: 519-843-2010 x3234 Fax: 519-843-7637 www.gmch.ca	• All patients are to register in the hospital's Diagnostic Imaging Department, located on the Ground Floor , at the indicated arrival time.
<input type="checkbox"/> Guelph General Hospital 115 Delhi St. Guelph ON N1E 4J4	Telephone: 519-837-6413 Fax: 519-766-9982 www.gghorg.ca	• All patients are to register in the hospital's Diagnostic Imaging Department, located on the 3rd Floor , at the indicated arrival time.
<input type="checkbox"/> St. Mary's General Hospital 911 Queen's Blvd Kitchener ON N2M 1B2	Telephone: 519-749-6990 Fax: 519-749-6989 www.smgh.ca	• All patients are to register in the hospital's Diagnostic Imaging Department, located on the 1st Floor , at the indicated arrival time.
<input type="checkbox"/> Waterloo Wellington Breast Centre Grand River Hospital Freeport Site: Breast Assessment Clinic 3570 King St. E. Kitchener ON N2A 2W1	Telephone: 519-749-4270 Fax: 519-894-8328 www.grhosp.on.ca	• All patients are to register in the Waterloo Wellington Breast Centre, located on the Main Floor of the Pioneer Terrace Wing of the Freeport Health Centre at the indicated arrival time.

Cambridge Memorial Hospital: Breast Assessment Diagnostic Pathway

Referrals accepted for assessment of palpable breast lesions, clinically concerning breast symptoms and work up of abnormal screening/OBSP mammograms. Same day imaging to include mammography, ultrasound and biopsy scheduling if required.

Groves Memorial Community Hospital: Breast Diagnostic Unit

Referrals accepted for clinically concerning breast symptoms and follow up of abnormal screening mammograms. Also provided are US Guided Breast Localization prior to surgery.

Guelph General Hospital: Breast Assessment Clinic

Referrals accepted for work-up of palpable lesions or other clinically concerning breast symptoms, work-up of abnormal screening mammograms and for consideration of biopsy of a previously identified breast lesions. Work-ups will be performed in one visit and will include any required breast imaging (ie. mammography, ultrasound, ductography) and/or intervention (ie. biopsy, aspiration).

St. Mary's General Hospital: Breast Diagnostic Unit

Referrals accepted for workup and diagnostic mammographic and Breast Ultrasound services for women with breast symptoms such as pain, palpable abnormality, or discharge.. Patients are recalled for work up exams which may include further mammograms and breast US. Also provided are US guided breast biopsy, aspiration and breast lesion localization prior to surgery.

Waterloo Wellington Breast Centre Grand River Hospital Freeport Site: Breast Assessment Clinic

(Includes Surgical Consult)

Assessment Clinic Criteria Includes: Woman over 40 yrs. of age with either a new palpable mass OR previous abnormal imaging. (Imaging report must be faxed with requisition).

OR

Woman under 40 yrs. of age with a palpable abnormality and abnormal imaging.

How to prepare for your Breast Imaging Examination

- Do not wear any deodorant, talcum powder or perfume on the day of your examination
- Wear a two piece outfit on the day of the examination. You will be required to remove all clothing and jewellery above the waist, a gown will be provided.

Important

- Please bring your **Ontario Health Card** and this form to your appointment
- Please bring any previous breast imaging performed at any outside facility within the last 5 years
- If you are unable to keep your appointment, please give us 24 hours' notice
- We kindly ask that you do not wear or apply fragrances in support of our Fragrance Free policies.