REQUEST FOR BREAST ASSESSMENT/BMD

Strathroy Middlesex General Hospital Breast Assessment Program
395 Carrie St. Strathroy, Ontario N7G 3J4

Patient Last Name _____ First Name _____

Address _____

Health Card # _____ Date of Birth YY MM DD _____

Phone #1 _____ Phone #2 _____

FOR APPOINTMENTS CALL
TEL: 519-246-5200
BETWEEN 8:30 AM - 4:00 PM
FAX: 519-245-3843

APPOINTMENT DATE _____

TIME _____ ☐ AM ☐ PM

IMPORTANT: Please bring your health card. No children allowed in the exam room during an exam, please arrange child care.

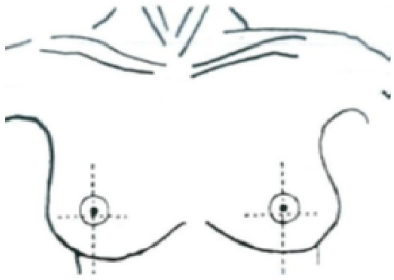
PATIENTS:
For Breast Imaging: Please wear a 2 piece outfit and no deodorant.
For BMD: Wear elastic waistband and no calcium supplement 24 hours prior.

BREAST IMAGING (By Appointment)

☐ ROUTINE SCREENING: ☐ BILATERAL ☐ RIGHT ☐ LEFT

☐ DIAGNOSTIC : DESCRIBE AREA OF INTEREST

RELEVANT HISTORY/CLINICAL FINDINGS:



RT LT

Clearly indicate quadrant of concern

PLEASE COMPLETE FOR BREAST ASSESSMENT

IMPLANTS ☐ YES

Special Needs _____

Please indicate if physical/ cognitive challenges/ nursing home patient

Previous Breast Imaging ☐ NO ☐ YES

When_____

Where_____

BONE MINERAL DENSITOMETRY

Patient must be >18 yrs old, Weight limit 300lbs.

☐ Repeat Previous:
When_____
Where _____

☐ Baseline - No Previous

(Note: Booking interval for high risk 1 year + 1 day)

Required information for radiologist:
Treatment for Bone Loss?:
Drug: _____
Start Date: _____

Corticosteroid Treatment >3 months?
Start Date: _____

Fragility Fracture after 40? ☐ NO ☐ YES

PHYSICIAN AUTHORIZATION

By signing this requisition, you are providing authorization to SMGH for your patient to receive additional imaging (mammography, ultrasound and procedures as triaged by the breast radiologist) to resolve this diagnostic request. This authorization does not include any imaging or procedures which may be required at another facility.

Referring Dr/ NP Signature	Family Dr. Signature	DATE (YYYY/MM/DD)	COPY To:

SMGH Bookings will contact patient directly to arrange appointments. The requesting physician will receive notification of booking.