BRITISH COLUMBIA | Ministry of Health Services
The Best Place on Earth

STANDARD OUT-PATIENT BREAST IMAGING REQUISITION

X-RAY FACILITY ADDRESS	X-RAY USE ONLY

BILLABLE TO:
☐ MSP ☐ ICBC ☐ WCB ☐ PATIENT ☐ OTHER:

NAME OF PHYSICIAN & MSP PRACTITIONER NUMBER (or office stamp)

PERSONAL HEALTH NUMBER	DOB: YYYY / MM / DD

SURNAME OF PATIENT | FIRST NAME AND MIDDLE INITIAL

TELEPHONE # (INCLUDE AREA CODE)	GENDER ☐ M ☐ F	PREGNANT ☐ Yes ☐ No

ADDRESS | CITY/TOWN | POSTAL CODE

COPY RESULTS TO:

☐ **DIAGNOSTIC MAMMOGRAPHY** ☐ **ULTRASOUND**

☐ Proceed to further imaging if indicated (mammography or ultrasound)
☐ Proceed to needle biopsy if indicated and feasible
OR ☐ Call me if further investigation is necessary

HISTORY

PREVIOUS MAMMOGRAMS ☐ YES ☐ NO	DATE(S)
PREVIOUS BIOPSIES / SURGERY ☐ YES ☐ NO	DATE(S)
HORMONE THERAPY ☐ YES ☐ NO	DATE(S)
FAMILY HISTORY OF BREAST CANCER ☐ YES ☐ NO	RELATIONSHIP

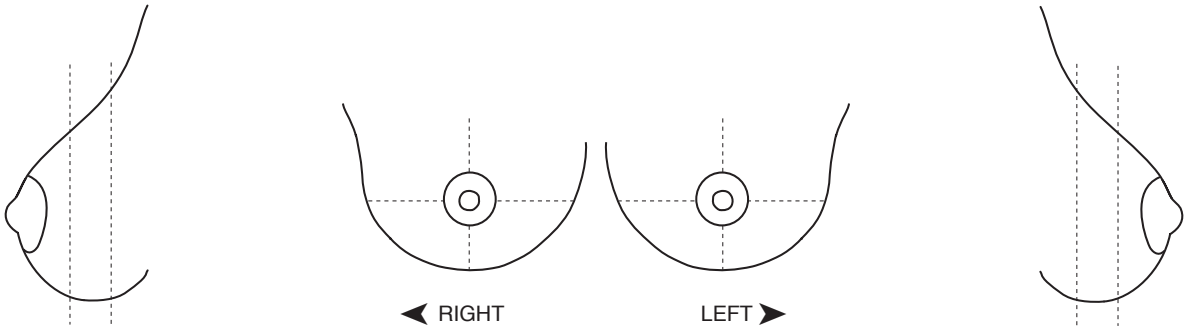
MENSTRUAL HISTORY
LMP (DATE): MENOPAUSE (AGE):

PRESENT COMPLAINT (Please check the appropriate indication)

☐ LUMP ☐ THICKENING ☐ LOCALIZED PAIN/TENDERNESS ☐ NIPPLE DISCHARGE
☐ "ABNORMAL" SCREENING MAMMOGRAM ☐ FOLLOW UP OF PREVIOUS FINDINGS ☐ PREVIOUS BREAST CANCER ☐ BREAST PROSTHESES (IMPLANTS)
☐ UNKNOWN PRIMARY MALIGNANCY ☐ FIRST POST-OPERATIVE MAMMOGRAPHY

☐ OTHER, SPECIFY:

PLEASE MARK AREA(S) OF CONCERN WHEN APPROPRIATE



TELEPHONE REQUISITON TIME	INITIALS OF RECORDER	DATE SIGNED (YYYY / MM / DD)

SIGNATURE OF REQUESTING PHYSICIAN

The personal information collected on this form is collected under the authority of the *Personal Information Protection Act*. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the *Personal Information Protection Act* and when applicable the *Freedom of Information and Protection of Privacy Act* and may be used and disclosed only as provided by those Acts.

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