

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**
 Waterloo Wellington Breast Centre:(WWBC) **519-894-8328**

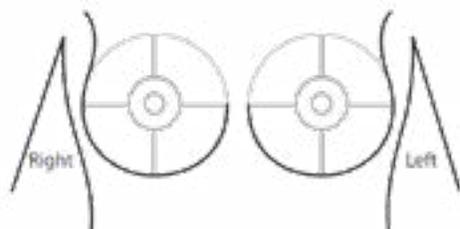
Patient Information Other Reqs Associated to Patient? Y N

<p>Last Name, First Name: _____</p> <p>DOB: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</p> <p>Address (include City/Town/Province/Postal Code) _____</p> <p>Contact Number: _____</p> <p><input type="checkbox"/> Patient consents to leave message</p> <p>Email: _____</p>	<p>Health Card #: _____ VC: _____</p> <p>WSIB? <input type="checkbox"/> Y <input type="checkbox"/> N Injury Date: _____</p> <p>Please include Claim #: _____</p> <p>Other Insurance? Third Party or Self Pay Specify: _____</p> <div style="border: 1px solid black; padding: 2px; text-align: center;">Accessibility Needs:</div> <p><input type="checkbox"/> Interpreter required to consent to the procedure. CMH, GGH, GRH and SMGH have interpretation services available.</p> <p>Language: _____</p> <p><input type="checkbox"/> Hoyer Lift required</p> <p><input type="checkbox"/> Standard Wheelchair <input type="checkbox"/> Motorized Wheelchair</p>
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EXAM INFORMATION: PHYSICIAN TO COMPLETE **INCOMPLETE REQUISITIONS WILL BE RETURNED**

Clinical History/Indication (reason for exam)

Please indicate findings on diagram



Please Check Exam Requested

- OBSP
- Non-OBSP Screening Mammogram
- Diagnostic Mammogram L R Bilateral
- Targeted Ultrasound Breast L R Bilateral

Interventional Request (Includes Radiologist Consult)

- Ultrasound Guided Biopsy L R
- Ultrasound Guided Aspiration L R
- Stereotactic Core Biopsy L R
- Needle Wire Localization L R
- Ductogram (GGH & GRH only) L R
- Breast Diagnostic/Assessment
- (See reverse for criteria)

Please Complete Patient Screening (where applicable)

- Breast Implants Y N Bilateral N/A
- Prior Breast CA L R N/A
- Prior Biopsy L R
- Prior Lumpectomy L R
- Prior Mastectomy L R
- Recent Cyst Aspiration L R
- Breastfeeding Y N
- Patient on Anticoagulants Y N

*** Prior Reports and Imaging must be provided if completed elsewhere ***

Location name of where previous imaging was conducted: _____

COVID SCREENING

- Have you had the COVID Vaccine? Y N
- 1st Shot Date: _____ Arm L R
- Type: _____
- 2nd Shot Date: _____ Arm L R
- Type: _____

Ordering Physician Name (Please print): _____

Contact #: _____ Fax#: _____

Signature _____ Date _____

Copy to (Please print)

Please indicate location of Breast Imaging examination for Patient:

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.
Groves Memorial Community Hospital 131 Frederick Campbell Street Fergus ON N1M 0H3	Telephone: 519-843-2010 x47013 Fax: 519-843-7637 www.gmch.ca	• All patients are to register in the hospital's Central Registration, located on the Ground Floor, at the indicated arrival time.
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.
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

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).

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

(Includes Surgical Consult)

Complete all day assessment. Patients will receive surgical consultation, required breast imaging, and consideration for same day interventional procedures like biopsy.

Acceptance Criteria:

Patients 40 and older with a new palpable lump OR previous abnormal imaging (report must be faxed with referral)

Patient 39 and younger with previous abnormal imaging (report must be faxed with referral)

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.
- If you have long hair, please have it tied back for exam (you may need to bring a hair elastic)

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.