

Medical Arts Building
 Diagnostic Imaging Centre
 581 Davis Drive, Level 3
 Newmarket, ON L3Y 2P6

Diagnostic Imaging MAB

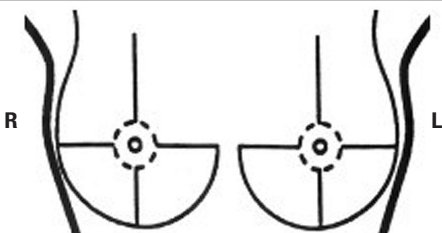
Health Record #: _____	Complete or place barcoded patient label here
Patient Name: <i>(Print first, last)</i> _____	
DOB: <u>dd</u> / <u>mm</u> / <u>yy</u>	Age: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #: _____	Version Code: _____
Account #: _____	Date of Admission: <u>dd</u> / <u>mm</u> / <u>yy</u>

Breast Imaging Requisition – Mammogram and Breast Ultrasound

Please fax to (905) 830-5981

Patient Name: <i>(print first, last)</i> _____		Date of Birth: <u>dd</u> / <u>mm</u> / <u>yy</u>
Address:	Street Number + Name	Apartment
	City	Province
		Postal Code
Health Card Number:	Version Code:	Cell: () ()
Other Insurance:	Email:	Home: () ()
Patient DOES NOT consent to be contacted via: <input type="checkbox"/> Text <input type="checkbox"/> Email (for patient privacy information see the next page)		
Patient not available: From: <u>dd</u> / <u>mm</u> / <u>yy</u> To: <u>dd</u> / <u>mm</u> / <u>yy</u>		
Hoyer Lift Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Patient arriving by Ambulance Transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No
[NB: Consent to send copies can be implied if the recipients will be involved in ongoing follow-up care] I have obtained verbal or implied consent to send copies or results/notes to: <input type="checkbox"/> Family Doctor _____		
Relevant Clinical Information: <i>(must be provided and please be specific)</i>		

HAS YOUR PATIENT BEEN REFERRED TO THE BREAST CLINIC (DAU)? YES NO

Exam Required (Check all that apply) Fax Requisitions with Clinical Finding to (905) 830-5981	
 <p>INDICATE FINDINGS ON DIAGRAM.</p>	Reason for Exam: <input type="checkbox"/> New Mass* <i>*If ordering a mammogram for these symptoms, please also order a targeted breast ultrasound</i> <input type="checkbox"/> New Symptom* <input type="checkbox"/> General Lumpiness <input type="checkbox"/> General Pain <input type="checkbox"/> Other (Specify): _____ Does the patient have implants? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Studies Previous Mammo? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous Breast Ultrasound? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where <i>(please attach reports if available)</i> : _____	
Breast Ultrasound <input type="checkbox"/> Targeted Ultrasound <i>(must specify on diagram above)</i> <input type="checkbox"/> Follow-up of Previous SRHC Study <input type="checkbox"/> Other (Specify): _____	Mammogram <input type="checkbox"/> Routine Screening <i>(under 40 or personal history of breast cancer)</i> <input type="checkbox"/> OBSP <i>All eligible women, Two-Spirit, trans and nonbinary people (as indicated on second page) will be screened through the Ontario Breast Screening Program</i>

PATIENT PREPARATIONS AND INFORMATION ON REVERSE SIDE. INCOMPLETE REQUISITIONS WILL BE RETURNED AND MAY RESULT IN A DELAY IN SERVICE TO YOUR PATIENT

Referring Physician: *(print first, last)* _____ Signature _____ Date dd / mm / yy



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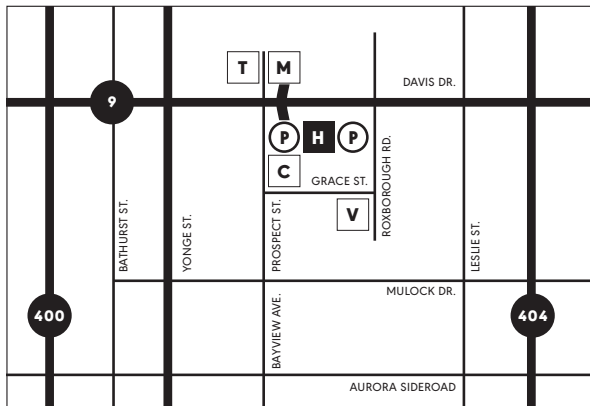
Breast Imaging Patient Preparation and Information

MAMMOGRAM PATIENT PREPARATION:

- If you have had any previous mammograms from another hospital or clinic, arrange to bring them with you for comparison purposes to expedite your results.
- Do not wear any deodorant, talcum powder, or perfume on the day of your examination.

ONTARIO BREAST SCREENING PROGRAM CRITERIA:

- Ontario Residents
- 40 years of age or over
- No acute breast symptoms
- No personal history of Breast Cancer
- Have not had a Mammogram within the last 11 months



Location Map

- V** Southlake Village, 640 Grace Street
- C** Stronach Regional Cancer Centre
- M** Medical Arts Building, 581 Davis Drive
- T** The Tannery Mall, 465 Davis Drive
- P** Parking
- H** Southlake Health
- Bridge over Davis Drive** – accessible from P3 of the Parking Garage and Level 3 of the Medical Arts Building.



PRIVACY POLICY DOCUMENTATION

via QR code link below or via Southlake's privacy office webpage