

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

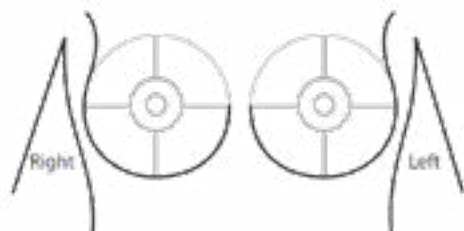
Other Reqs Associated to Patient? Y N

Last Name, First Name: _____		Health Card #: _____	VC: _____
DOB: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	WSIB? <input type="checkbox"/> Y <input type="checkbox"/> N	Injury Date: _____
Address (include City/Town/Province/Postal Code)		Please include Claim #: _____	
Contact Number: _____		Other Insurance? Third Party or Self Pay	
<input type="checkbox"/> Patient consents to leave message		Specify: _____	
Email: _____		Accessibility Needs:	
		<input type="checkbox"/> Interpreter required to consent to the procedure. CMH, GGH, GRH and SMGH have interpretation services available.	
		Language: _____	
		<input type="checkbox"/> Hoyer Lift required	
		<input type="checkbox"/> Standard Wheelchair <input type="checkbox"/> Motorized Wheelchair	

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

Clinical History/Indication (reason for exam)

Please indicate findings on diagram



* Prior Reports and Imaging must be provided if completed elsewhere
 Location name of where previous imaging was conducted: _____

COVID SCREENING

Has the patient had a COVID vaccine in the last 6 weeks?

Y N

Date: _____ Arm R L

Please Check Exam Requested

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

Interventional Request - (See reverse for criteria)

- Ultrasound Guided Biopsy R L
 Ultrasound Guided Aspiration R L
 Stereotactic Core Biopsy R L
 Needle Wire Localization R L
 MagSeed Localization R L
 Ductogram (GGH & GRH only) R L
 Marker/Clip Placement R L
 Breast Diagnostic/Assessment

Surgical Office Use Only

- Needle Wire Localization R L O'Clock L O'Clock Axilla R L
 Magseed Localization R L O'Clock L O'Clock Axilla R L
 Nuclear Medicine Scheduled Y N Facility: _____ Date/Time: _____

Please Complete Patient Screening (where applicable)

- Breast Implants R L
 Autologous Breast Reconstruction R L
 Prior Breast CA R L
 Prior Biopsy R L
 Prior Lumpectomy R L
 Prior Mastectomy R L
 Recent Cyst Aspiration R L
 Breastfeeding R L
 Patient on Anticoagulants Y N Type/Dose: _____
 Pacemaker/Implanted Y N
 Cardioverter Defibrillator(ICD) Y N

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

Referrals to this facility will include the services listed below:

Screening Referral: Where clinically appropriate screening mammography will be followed up with additional work-up imaging, interventional procedures and a direct surgical referral if recommended by the Radiologist.

Diagnostic /Interventional Referral: Patients with clinically concerning breast symptoms or abnormal imaging results will receive additional work-up imaging, interventional procedures and a direct surgical referral if recommended by the Radiologist.

Breast Assessment Clinic Referral: Patients meeting the referral criteria for the Breast Assessment Clinic will receive additional work-up imaging, interventional procedures and same day surgical consultation with a breast surgeon. Due to capacity limits of the Breast Assessment Clinics, referrals to the breast assessment clinic may be triaged into a diagnostic appointment.

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.