

# 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

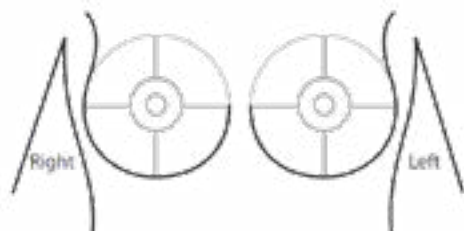
Other Reqs Associated to Patient?  Y  N

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: _____		<b>Accessibility Needs:</b>	
		<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:

<b>Cambridge Memorial Hospital</b> 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 <b>1<sup>st</sup> Floor</b> of the hospital's <b>A Wing</b> , at the indicated arrival time.
<b>Groves Memorial Community Hospital</b> 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.
<b>Guelph General Hospital</b> 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 <b>3<sup>rd</sup> Floor</b> , at the indicated arrival time.
<b>Waterloo Wellington Breast Centre Grand River Hospital Freeport Site: Breast Assessment Clinic</b> 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 <b>Main Floor</b> 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.