

Patient & Appointment Information

Name _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Other Phone _____

DOB dd/mm/yy Male Female

AHC# _____

Appt. Date	dd/mm/yy	Time	:	CDC Site

Breast Centre Radiology - 109 St 7121 109 St NW Edmonton, AB T6G 1B9 Phone: 780.434.9147 Fax: 780.436.7650	Breast Centre Radiology - Callingwood 329-6650 177 St NW Edmonton, AB T5T 4J5 Phone: 780.444.0472 Fax: 780.481.8321
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Physician

Referring Physician _____

Clinic _____

Phone _____

Fax _____

Copy to Dr. _____

Fax Copy to Dr. _____

PRAC ID _____

Signature _____

Please do not wear the following:

- Deodorant
- Perfume
- Scented hair/body products

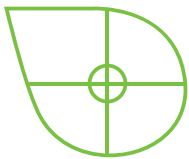
Breast Imaging

Screening Mammography

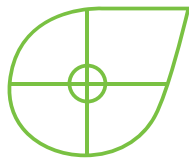
No breast abnormality or breast symptom

Diagnostic Mammography

Patient has been examined and found to have the following:



Right



Left

- Lump or Thickening
- Nipple Discharge - Bloody
- Nipple Discharge - Non-Bloody
- Dimpling or Nipple Retraction
- Change in Size, Shape, or Colour
- Previous Breast Cysts
- Previous Mammo or US Finding Follow-up
- Positive for BRCA1 or BCRA2 Gene
- Other

Ultrasound

Cyst Aspiration

Core Biopsy

Comments

Bone Mineral Densitometry

Bone Mineral Densitometry

Weight Limit: 260 Lbs
Unable to accommodate patients in wheelchairs unless patient has attendant

History

Height

Weight

LMP

Tech

Clinical History

Type of Exam

Initial Assessment

Follow Up

Date _____

Location _____

Current Medications for Treatment? _____

