

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

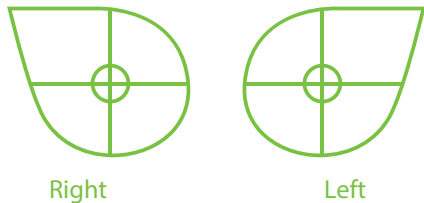
Breast Imaging

Screening Mammography

No breast abnormality or breast symptom

Diagnostic Mammography

Patient has been examined and found to have the following:



- 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

Clinical History

Previous Mammogram

Date _____

Location _____

Other Significant History

Family History of Breast Cancer

HRT _____ Specify # Years

Prior Diagnosis of Breast Cancer

Previous Breast Biopsies

Breast Implants/Reduction

Pain

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? _____

* Procedure availability & hours of operation vary by CDC location

PLEASE BRING THIS REQUISITION FORM & HEALTH CARE CARD TO YOUR EXAM

- Arrive 15 minutes prior to your exam unless notified otherwise
- Our clinics are scent free - Please refrain from wearing scented products
- Please bring an adult to supervise children under the age of 12



Locations

To book an appointment, please call **780.341.6000** toll free **1.877.420.4CDC (4232)**
 fax this form to **1.877.919.3291**, email this form to **appointments@CanadaDiagnostics.ca**,
 or request an appointment at **CanadaDiagnostics.ca**

Breast Centre Radiology - 109 St ①

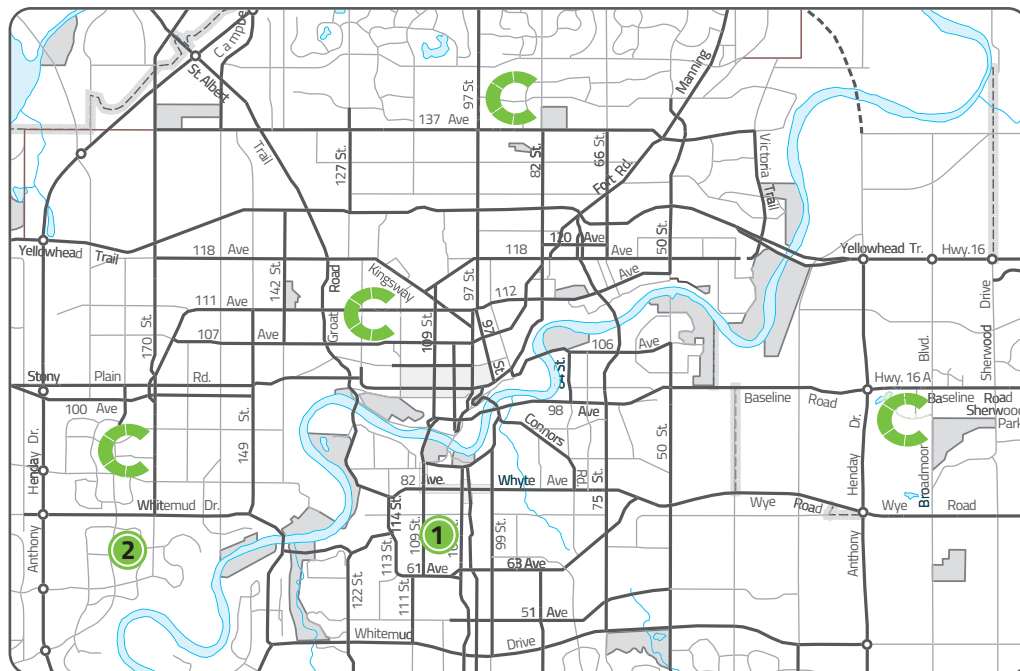
7121 109 St NW
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Women's Imaging
 Ultrasound (Breast)
 Mammography
 Bone Mineral Densitometry

Breast Centre Radiology - Callingwood ②

329-6650 177 St NW
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Additional services provided at 4 Edmonton & Sherwood Park locations.
 For a list of all services and locations, please visit CanadaDiagnostics.ca

Exam Preparation

MAMMOGRAPHY

This exam requires that you DO NOT wear deodorant or body powder the day of the exam. If you have premenstrual tenderness in your breasts, it is advisable to schedule your appointment after it has subsided. Also AVOID caffeine intake beginning two days prior to your exam.

BONE MINERAL DENSITOMETRY

Please DO NOT take any MULTIVITAMINS, CALCIUM, or IRON BEFORE your exam. You may take them AFTER your exam.