

**BREAST IMAGING REQUISITION**



Department of Diagnostic Imaging  
 310 Juliana Drive  
 Woodstock, ON N4V0A4  
 Phone: 519-421-4204  
 Fax: 519-421-4241

**WOODSTOCK  
 HOSPITAL**

**Patient Information:**

Name (Last, First): \_\_\_\_\_  
 DOB: \_\_\_\_\_  M  F PIN: \_\_\_\_\_  
 MMM DD YYYY  
 Address: \_\_\_\_\_  
 Phone Number (Home): \_\_\_\_\_  
 (Other): \_\_\_\_\_  
 Health Card Number: \_\_\_\_\_ Version Code: \_\_\_\_\_

**DOUBLE APPOINTMENT TIMES ARE REQUIRED FOR  
 PEOPLE WITH IMPLANTS OR SPECIAL NEEDS**

Has this patient had a mastectomy:  Right  Left  
 Does this patient have implants  Yes  No  
 Is he patient able to stand alone  Yes  No  
 Previous mammogram or breast ultrasound done elsewhere?  Yes **Please attach previous reports**

**BREAST IMAGING BOOKINGS CANNOT BE MADE UNLESS COMPLETED IN FULL**  
 Please submit completed requisition and all supporting documentation by fax to 519-421-4241

**Examination(s) Requested:**

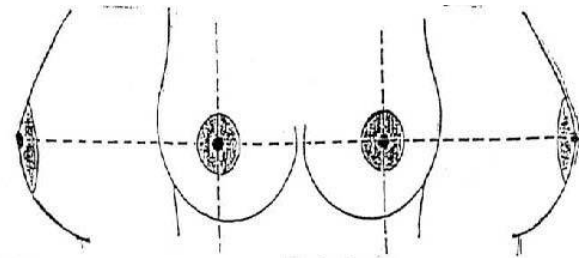
- Surveillance mammogram – for patients with prior breast cancer
- Screening Mammogram (40–74 years of age, call Ontario Breast Screening Program (OBSP): 519-539-7838 for an appointment)
- Diagnostic Mammogram (Symptomatic) Bilateral Right Left
- For patients with clinical concerns, recall from screening
- Follow-up evaluation of prior mammogram or ultrasound finding
- Breast ultrasound Bilateral Right Left
- Breast ultrasound is not appropriate for screening. You must identify the quadrant of concern below  
*(ultrasound targets area of clinical concern or mammography findings. This site does not offer "screening" breast ultrasound)*

**Clinical Indication, History:**

- Palpable lump  Right  Left
- Lump detected by  Patient  Physician
- Pain  Right  Left
  - Focal  Diffuse  Intermittent
- Nipple Discharge  Right  Left  
 (only if spontaneous, non-milky)  
 Type of discharge:  Bloody  Other
- History/Findings: \_\_\_\_\_

Right

Left



**For office use only – leave blank**

**Referring Physician or Other Authorized Health Care Provider**

Name (Please Print): \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**Ordering Physician or Authorized Health Care Provider**

Signature: \_\_\_\_\_

**By signing this requisition your are providing authorization for your patient to receive additional imaging (mammography, ultrasound, and other procedures) as deemed necessary by the responsible Radiologist to resolve the diagnostic request.**

Copy to: \_\_\_\_\_



## BREAST IMAGING EXAMS REQUIRING PREPARATION

EXAM	PREPARATION	DURATION
<p><b>Mammogram</b> Mammography is a low dose radiographic examination of breast tissue</p> <p>The Canadian Cancer Society recommends that all women 50 or older have a mammogram every two years</p>	<ul style="list-style-type: none"> <li>If you are still menstruating, we suggest that you book your exam within the first two weeks following your menstrual period (if possible)</li> <li>Please note: Women 75 years of age and older having a mammogram through OSBP require a requisition from their primary care provider</li> <li>Do not use deodorant, talcum powder, ointment or creams on your breasts and underarms the day of your appointment (if you do, please notify the technologist so that they can direct you to the washroom to wash it off)</li> <li>If you wear a dermal patch (nitroglycerin, pain medication, or hormone), please do not place it on the chest region on the day of your appointment</li> <li>For your comfort, if your breasts are tender, we recommend that you:               <ul style="list-style-type: none"> <li>refrain from caffeine for 48 hours prior to your appointment</li> <li>have your attending physician advise you on any recommended medications to manage tenderness in breasts</li> <li>the radiologist recommends taking two Tylenol (or equivalent) tablets about 1 hour prior to your appointment (if needed)</li> </ul> </li> <li>What to wear:               <ul style="list-style-type: none"> <li>two piece outfit as you will be asked to remove everything from your waist up and to put on a hospital top (It is important that you have something on from your waist down to keep you covered)</li> <li>if you have long hair, please secure it back prior to your exam</li> </ul> </li> <li>Before the exam:               <ul style="list-style-type: none"> <li>the technologist or a volunteer will ask you questions about your medical history</li> <li>the procedure will be explained to you by the technologist (if you have any questions or concerns, please ask the technologist)</li> </ul> </li> <li>Compression of the breast is a necessary part of the exam (it will be firm, but tolerable)</li> </ul>	<p>20 minutes</p> <p>40 minutes for patients with implants or special needs</p>
<p><b>Stereotactic Core Biopsy</b></p>	<ul style="list-style-type: none"> <li>No restrictions on food or drink</li> <li>No blood thinners (including aspirin), for 10 days prior to procedure (if there is a concern regarding this, please consult with your attending physician and radiologist)</li> <li>The Mammography Department must be notified if there are any modifications to the prep regarding medications</li> </ul>	1 hour
<p><b>Ductogram</b> (Galactography)</p>	<ul style="list-style-type: none"> <li>DO NOT express ANY fluids or excretions from your breast the day of your appointment until after your exam</li> <li>Follow same instructions from Mammogram section</li> </ul>	1 hour
<p><b>Mammogram with Needle Localization</b></p>	<ul style="list-style-type: none"> <li>Please follow instructions as per Pre-Admit Clinic</li> </ul>	1 hour

PLEASE CONTACT YOUR ATTENDING PHYSICIAN FOR ANY QUESTIONS REGARDING YOUR MEDICATIONS

To cancel or reschedule your OBSP appointment please call **OBSP** at 519-539-7838

To cancel or reschedule your **non-OBSP** appointment please call Diagnostic Imaging: 519-421-4204

For any questions regarding Mammography please call: 519-421-4204

*Please be aware that this is a "Fragrance Free" facility*