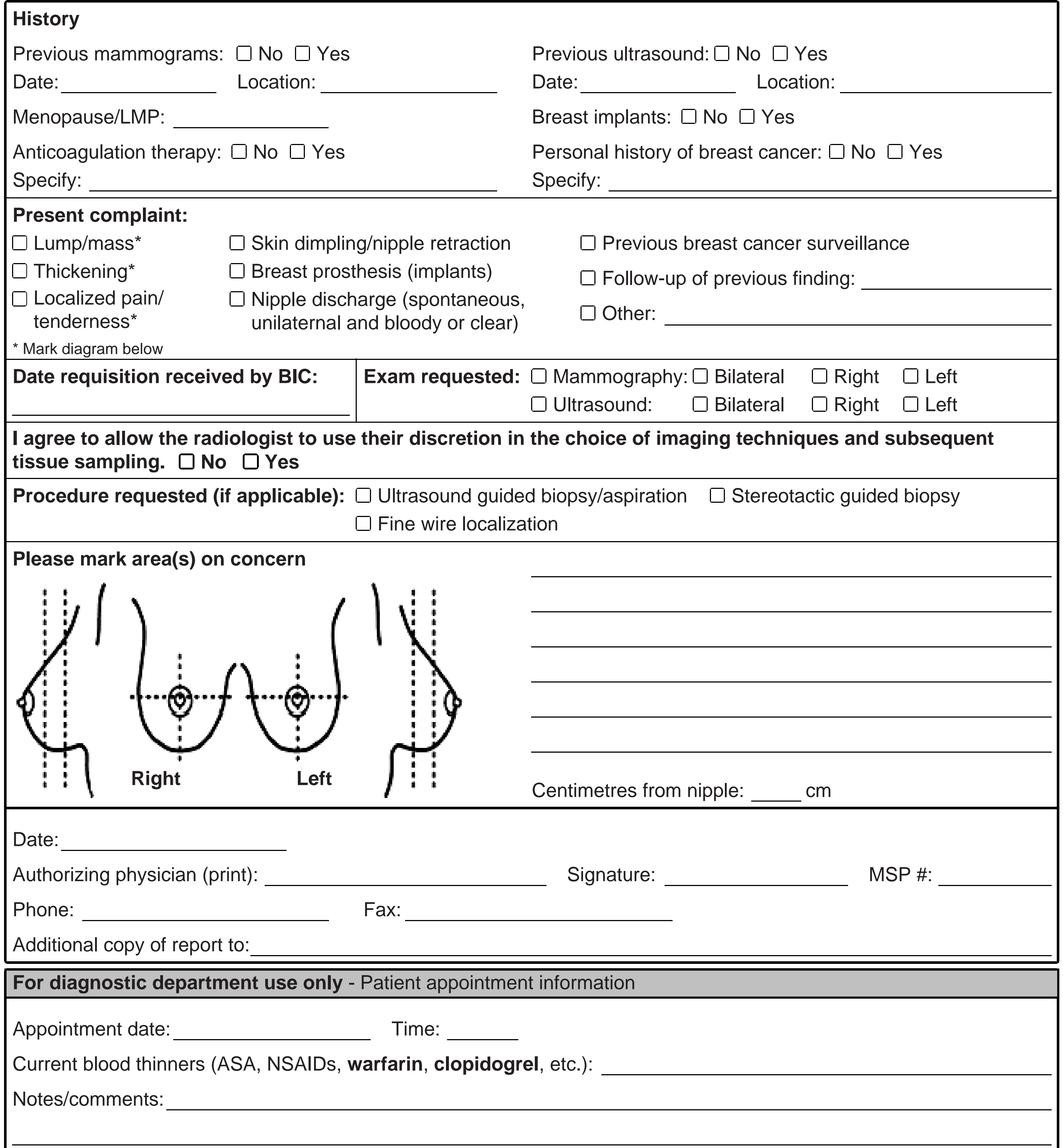
northern health
the northern way of caring

University Hospital of Northern British Columbia

Breast Imaging Requisition

Name: ______
Address: ______
Home #: ______ Cell #: ______ Work #: ______
DOB: ______ Age: ______ Sex: ______
PHN: ______ ☐ MSP ☐ WCB ☐ ICBC ☐ Other
PATIENT LABEL



History

Previous mammograms: ☐ No ☐ Yes
Date: ______ Location: ______

Previous ultrasound: ☐ No ☐ Yes
Date: ______ Location: ______

Menopause/LMP: ______

Breast implants: ☐ No ☐ Yes

Anticoagulation therapy: ☐ No ☐ Yes
Specify: ______

Personal history of breast cancer: ☐ No ☐ Yes
Specify: ______

Present complaint:

- ☐ Lump/mass*
- ☐ Thickening*
- ☐ Localized pain/ tenderness*
- ☐ Skin dimpling/nipple retraction
- ☐ Breast prosthesis (implants)
- ☐ Nipple discharge (spontaneous, unilaternal and bloody or clear)
- ☐ Previous breast cancer surveillance
- ☐ Follow-up of previous finding: ______
- ☐ Other: ______

* Mark diagram below

Date requisition received by BIC: ______

Exam requested: ☐ Mammography: ☐ Bilateral ☐ Right ☐ Left
☐ Ultrasound: ☐ Bilateral ☐ Right ☐ Left

I agree to allow the radiologist to use their discretion in the choice of imaging techniques and subsequent tissue sampling. ☐ **No** ☐ **Yes**

Procedure requested (if applicable): ☐ Ultrasound guided biopsy/aspiration ☐ Stereotactic guided biopsy ☐ Fine wire localization

Please mark area(s) on concern

______
______
______
______
______
______

Centimetres from nipple: _____ cm

Date: ______

Authorizing physician (print): ______ Signature: ______ MSP #: ______

Phone: ______ Fax: ______

Additional copy of report to: ______

For diagnostic department use only - Patient appointment information

Appointment date: ______ Time: ______

Current blood thinners (ASA, NSAIDs, **warfarin**, **clopidogrel**, etc.): ______

Notes/comments: ______

______