PRHC **BREAST ASSESSMENT CENTRE**

BREAST IMAGING REQUISITION

T: (705) 740-8166 · F: (705) 740-8167 · **www.prhc.on.c**

PRHC
Peterborough Regional Health Centre

OFFICE USE ONLY
Appt. Date/Time

PATIENT DEMOGRAPHICS

Name: ____________________

DOB: ____________________

Address: ____________________

Phone #: ____________________

HCN: ____________________

Routine Screening Mammographic Examination ☐

Evaluation at Breast Assessment Centre ☐

PRIOR MAMMOGRAMS:

Yes ☐ Date(s): Location:

No ☐

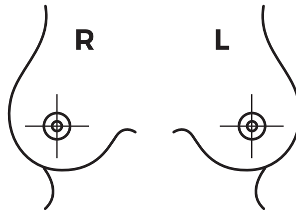
CLINICAL HISTORY:

Personal history of breast cancer: Yes ☐ No ☐ Year of Dx ____________________

Breast implants: Yes ☐ No ☐

PALPABLE ABNORMALITY

Size ______ Location



BREAST PAIN

Breast: L ☐ R ☐ Both ☐

Cyclic ☐ Non-cyclic ☐

Focal ☐ Diffuse ☐

Generalized or cyclic breast pain can be treated on clinical grounds.

NIPPLE DISCHARGE

Breast L ☐ R ☐ Both ☐

Unilateral Y ☐ N ☐ Single Duct Y ☐ N ☐

Any nipple discharge that is bilateral, from multiple ducts from one breast and/ or yellowish, green or milky is considered physiologic and is not suitable for referral.

Referring Physician

Name: ____________________

Phone #: ____________________

Billing #: ____________________

Signature ____________________ Order Date: ____________________

RADIOLOGIST USE ONLY

Priority: 1 2 3 4