PRHC BREAST ASSESSMENT CENTRE
BREAST IMAGING REQUISITION

t: 705-740-8166 · f: 705-740-8167 · www.prhc.on.ca

PRHC
Peterborough Regional Health Centre

PATIENT DEMOGRAPHICS

Name: _____
DOB: _____
Address: _____
Phone #: _____
HCN: _____

OFFICE USE ONLY
Appt. Date/Time

☐ **Routine Screening Mammographic Examination**
☐ **Evaluation at Breast Assessment Centre**

PRIOR MAMMOGRAMS:

☐ Yes ☐ No

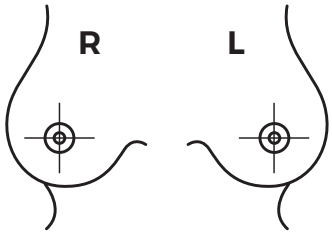
Date(s): _____ Location: _____

CLINICAL HISTORY:

Personal history of breast cancer: ☐ Yes ☐ No Year of Dx: _____
Breast implants: ☐ Yes ☐ No

PALPABLE ABNORMALITY

Size Location



COMMENTS:

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: ☐ Yes ☐ No Single Duct: ☐ Yes ☐ No

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 (DD/MM/YYY): _____

RADIOLOGIST USE ONLY

Priority: 1 2 3 4