

# Diagnostic Imaging

## Mammography/ Bone Mineral Density

Fax: 905-494-6618

Next available appointment **OR**

Brampton Civic Hospital  
Peel Memorial Centre

Etobicoke General Hospital

### Patient Information

Name: \_\_\_\_\_ Date of Birth(DD/MM/YYYY): \_\_\_\_\_  
Health Card No: \_\_\_\_\_ Version Code: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_

To request DI exam for discharged ED / UCC patient, select time frame\* for DI exam, and send patient with this requisition to the DI remote / EDDI desk to book DI exam. **Do not fax this requisition.** Less than 24h Less than 48h Less than 10 days Less than 1 month

### Examination Requested

#### Mammography

Screening/Surveillance (Asymptomatic)  
OBSP (Ontario Breast Screening Program)  
Diagnostic (please indicate location on diagram):  
New Mass  
Pain  
Suspicious Nipple Discharge  
Other (specify): \_\_\_\_\_  
For Diagnostic Request/Workup  
If patient  $\geq 30$  years, workup includes bilateral mammogram (if last mammogram more than 6 months ago), and tomosynthesis and US of affected breast.  
If patient  $< 30$  years of age, workup includes US of affected breast

#### Breast Ultrasound

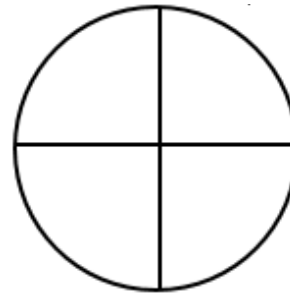
Required: Left Right Bilateral

#### Follow Up Recommended based on previous report: (include prior imaging report)

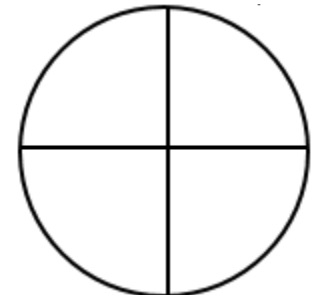
Ultrasound Mammography  
Left Right Bilateral

If previous outside Osler indicate location and date of last exam: \_\_\_\_\_

RT



LT



Screening ultrasound requests will be declined as this is not indicated/beneficial in an average risk population. By signing this referral form, you give Osler permission to deliver any additional testing as required in order to resolve this request. It is mandatory to bring all relevant previous imaging, as well as any related medical reports to this appointment.

Please note the following: If a patient is recommended for a breast biopsy, they will be followed by Osler's Diagnostic Assessment Program (DAP). Patients **MUST** bring outside Mammography previous, otherwise the booked mammogram may not be performed.

#### Bone Mineral Densitometry (DPX – Osteoporosis)

Baseline Exam (Initial Visit) (EGH and PMC ONLY)

High Risk – Designated after 1<sup>st</sup> visit (Not booked within 1 yr. of previous)

If previous outside Osler indicate location and date of last exam: \_\_\_\_\_

Low Risk 2<sup>nd</sup> visit (Not booked within 3 yrs. of previous)

Low Risk 3<sup>rd</sup> visit (Not booked within 5 yrs. of previous)

#### Clinical Questionnaire

Clinical History (Mandatory):

Provider Name (Print): \_\_\_\_\_ CPSO/OHIP Billing #: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Copies to (Provider Name): \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Booking date is dependent on appointment availability and radiologist supervised clinical triaging based on provided clinical history

**NOTE: INCOMPLETE REQUESTS WILL BE RETURNED, RESULTING IN DELAY OF BOOKING**