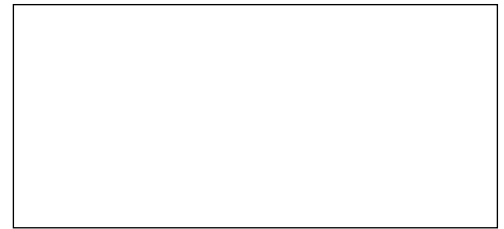




**Lakeridge
Health**

580 Harwood Ave South
Ajax, ON L1S 2J4

**Ajax-Pickering
Breast Assessment
Referral Form**



Telephone: 905-683-2320
Ext 1434
Facsimile: 905-428-5295

Appointment:

Clinical History/Pathology Results

Is patient currently taking anticoagulant medication Yes No

Examination Requested

	Bilateral	Right	Left
Stereotactic guided core biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound guided core biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle localization under ultrasound guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle localization under mammographic guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sentinel Node Imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galactogram / Pneumocystogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has Patient had any of the following; if "yes" include documentation
If previous studies are NOT from Lakeridge Health Ajax-Pickering Hospital, please have outside studies delivered with this requisition to Diagnostic Imaging – Attention Mammography Clerk

Mammogram <input type="checkbox"/>	Cone/magnification view <input type="checkbox"/>	Core Biopsy under mammography <input type="checkbox"/>
Other Pertinent Previous <input type="checkbox"/>	Breast Ultrasound <input type="checkbox"/>	Core Biopsy under ultrasound <input type="checkbox"/>

Patient Instructions

Do not wear deodorant or talcum powder
 Bring your Health Card with you
 If you do not speak English, please arrange to have a translator present on the day of your procedure
 Please arrive 15 minutes prior to your appointment

Physician Signature _____

