



Exact Radiology
CLINICS

Ipswich (North)
(General & Women's Imaging Clinic)
Riverlink Shopping Centre
2 The Terrace
North Ipswich Q 4305

Chapel Hill
(General & Women's Imaging Clinic)
636 Moggill Road
(Cnr Witton Road)
Chapel Hill Q 4069

Newstead
142 Breakfast Creek Road
Newstead Q 4006

Underwood
(General & Women's Imaging Clinic)
183 Kingston Road
(Cnr of Compton Road)
Underwood Q 4119

BREAST IMAGING REQUEST

UR _____ Female Male Indeterminate
Family Name _____
Given Name _____
Phone _____ DOB _____
Address _____

Inpatient Ward _____
Outpatient Clinic _____
12 months 6 months Within 2 weeks
Urgent
Date required _____

EXAMINATION REQUESTED

Mammogram / Ultrasound Ultrasound FNA
Ultrasound only Ultrasound Core Biopsy
Stereotactic Core Biopsy On Warfarin? Yes INR _____
Pre-operative Localisation - Indicate whether: AM Theatre List PM Theatre List
Ultrasound pre-op localisation
Mamogram pre-op localisation
Stereotactic pre-op localisation

RADIOLOGY FINAL CHECK

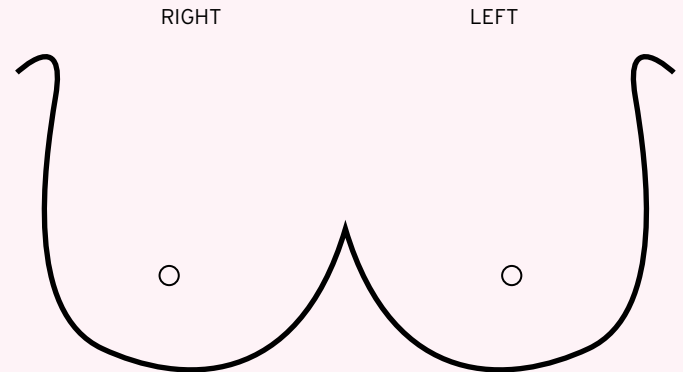
YES

Patient identification verified
Procedure and consent verified
Correct side and site verified
Correct patient data and side markers

Radiographers/Team Leaders
Signature _____

PAST HISTORY of Breast Disease

Nil
BENIGN
Fibrocystic change Fibroadenoma
Other _____
MALIGNANT
Stage _____ Grade _____
DCIS LCIS
Invasive ductal Ca Invasive lobular CA
Other _____
Past Breast Surgery _____ / _____ / _____
WLE Mastectomy
Axillary Dissection _____ involved lymph nodes
Radiotherapy Chemotherapy
Hormone Therapy



Scars / Surgery / Biopsy
Acute clinical abnormality

CLINICAL DETAILS

No clinical concerns. Routine follow up OR this imaging is needed to (tick one and explain)
Confirm Exclude Define Progress of

Requested by _____ Consultant _____ Bulk Bill
Pager / Phone _____ Provider No. _____
Signature _____ Date _____

Radiologist protocol / initial _____

Radiographer comments

Time _____
Date _____
Room _____
Initials _____