BREAST IMAGING REQUEST

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

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 only
☐ Stereotactic Core Biopsy
☐ Ultrasound FNA
☐ Ultrasound 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

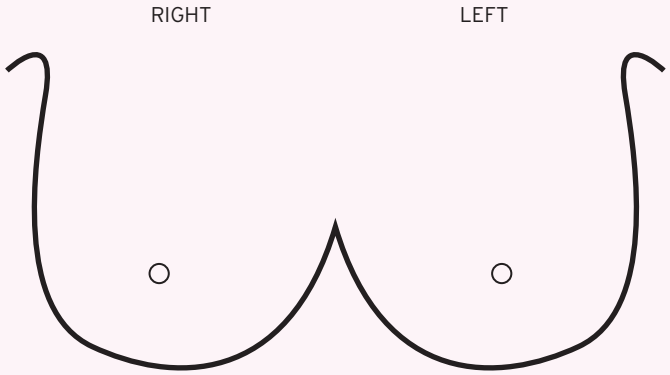
BENIGN

☐ 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 _____