

Diagnostic Imaging Requisition

Booking Office

Phone: 519-941-2410 Ext. 2211

Fax: 519-941-7726

Mammography Requisition

Patient _____

DOB _____

Address _____

Phone # _____

Health Card# _____

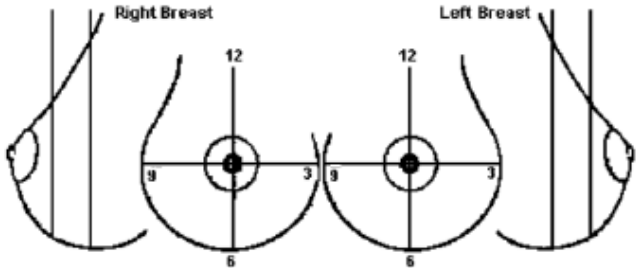
Email Address _____

Ordering M.D. _____

Telephone # _____

Without this SIGNED requisition, your exam CANNOT be performed. Please bring your Ontario Health Card. Please arrive 15 minutes prior to exam time. Late patients may be required to reschedule exam.

No Perfume - Please remember we are a fragrance-free facility.

<p>Mammography</p> <p><input type="checkbox"/> Routine Screening Mammography</p> <p><input type="checkbox"/> Implants (if symptomatic indicate below)</p> <p><input type="checkbox"/> Symptomatic Mammography (e.g. Palpable Abnormality)</p> <p><input type="checkbox"/> RT <input type="checkbox"/> LT</p>	<p>Relevant Clinical Information: (must be provided)</p> <p>Special Considerations: <input type="checkbox"/> Wheelchair</p>
<p>Ultrasound</p> <p><input type="checkbox"/> Targeted Breast Ultrasound:</p> <p><input type="checkbox"/> RT <input type="checkbox"/> LT</p> <p>(Clinical must be provided for ultrasound)</p>	
<p>Breast Biopsy: <input type="checkbox"/> Rt <input type="checkbox"/> Lt</p> <p>Request and previous imaging will be reviewed by radiologist.</p> <p>Outside images must be sent to Headwaters.</p>	
<p>Bone Mineral Density:</p> <p><input type="checkbox"/> Baseline (one per lifetime)</p> <p><input type="checkbox"/> First Screening recheck (36 months after normal base line)</p> <p><input type="checkbox"/> Screening rechecks other than first (one every 60 months)</p> <p><input type="checkbox"/> High risk (one every twelve months). Must indicate reason</p> <p>Must indicate reason for high risk:</p>	<p>_____ Referring Physician Signature</p> <p>C.C. _____</p> <p>_____ Date (mm/dd/yy)</p>

Mammogram Patient Preparation:

- Do not wear any deodorant, talcum powder or perfume on the day of your examination.
- Some people find avoiding all caffeine products (coffee, tea, chocolate) for 72 hours prior to your appointment time helps minimize the discomfort of breast compression.
- Please notify us at time of booking about previous Mammograms so we can obtain them for comparison purposes.

Bone Mineral Density Preparation:

- Please discontinue taking calcium supplements, Antacids (Rolaids or Tums) or Multi-vitamins 24 Hrs. prior to your appointment time. If a supplement has been taken your test will be rescheduled.
- Be prepared to be changed into a hospital gown for an optimal exam.

"We do our best to keep on time, but urgent and emergency patients take priority." Children whose parents are having an examination WILL NOT be allowed into the exam room. PLEASE MAKE THE NECESSARY BABYSITTING ARRANGEMENTS.

For more information, please visit us online at www.headwatershealth.ca