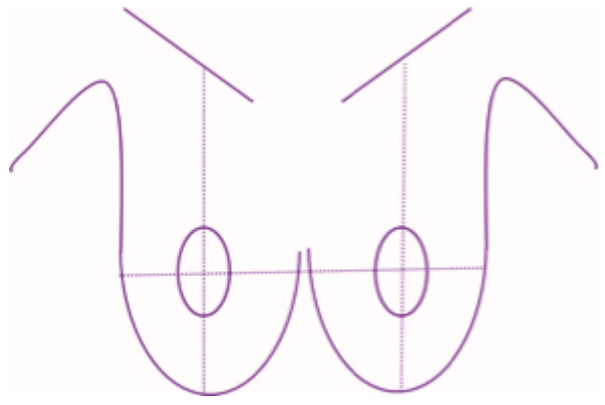


## MAMMOGRAPHY REQUEST FORM

Telephone Enquiries: 020 8949 9030 Fax: 020 8949 9032 Email: [imaging@newvictoria.co.uk](mailto:imaging@newvictoria.co.uk)

<p>Referring Clinician: Address:  Fax No. (for results): Tel No:</p>	<p>Surname: First Name: Address:  Post Code: Tel No: Hospital No: Insurance Company:</p>	<p>DoB:     Policy No:</p>									
<p>Clinical History (IRMER requires a full history):</p> <p><input type="checkbox"/> New Lump                      <input type="checkbox"/> Pain</p> <p><input type="checkbox"/> Spontaneous Nipple Discharge                      <input type="checkbox"/> Previous Breast Surgery</p> <p>Family history    YES <input type="checkbox"/>    NO <input type="checkbox"/>                      Please specify: .....</p> <p>Other symptoms    YES <input type="checkbox"/>    NO <input type="checkbox"/>                      .....</p> <p>.....</p>		<p>Patient Transport:</p> <p>Inpatient <input type="checkbox"/> Room No. ....</p> <p>Walking <input type="checkbox"/></p> <p>Chair <input type="checkbox"/></p> <p>Bed <input type="checkbox"/></p>									
<p>Clinical Examination</p>  <p>Signature: _____ Date: _____</p>		<p>For female patients under 55 years. I believe that I am not pregnant at the time of this examination.</p> <p>LMP Date: .....</p> <p>Signature: .....</p> <p>Print Name: .....</p>									
<p>Previous Imaging    YES <input type="checkbox"/>    NO <input type="checkbox"/></p> <p>Location Performed: .....</p> <p>Date/Year: .....</p> <p><b>PLEASE BRING ANY PREVIOUS BREAST IMAGING FOR COMPARISON.</b></p>		<p><b>For Imaging Department Use Only Appointment Information</b></p> <p>Date: .....</p> <p>Time: .....</p>									
		<p><b>Radiographer Justification</b></p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> </tr> <tr> <td style="text-align: center;">CC</td> <td colspan="2" style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">MLO</td> <td colspan="2" style="text-align: center;"> </td> </tr> </table> <p>Initials: .....</p> <p>Date: .....</p>		R	L	CC			MLO		
	R	L									
CC											
MLO											