Breast Imaging Request Form

Issue **October 2022** Review **October 2025**

NEW VICTORIA HOSPITAL

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Referring Clinician: _____

_____

Address: _____

_____

_____

_____

Email (for results): _____

Tel no.: _____

Name: _____

Date of birth: _____

Address: _____

_____

Post code: _____ **Tel no.:** _____

Hospital no.: _____

Insurance company: _____

Policy no.: _____

Clinical History:

☐ **Lump** ☐ **Pain** ☐ **Previous surgery** ☐ **Nipple discharge** ☐ **Family history** ☐ **Other**

Clinical Information:

_____

_____

Examination Required:

☐ **Mammogram** ☐ **Ultrasound** ☐ **MRI breast** ☐ **Biopsy** ☐ **Other** _____

Laterality and details:

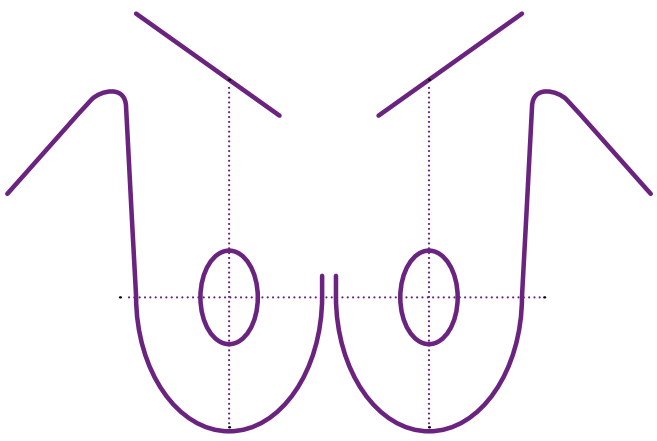
_____

_____

Previous imaging? ☐ **Where:** _____ **When:** _____ **Modality:** _____

Clinical Examination

Please, complete the form and then print it out to mark appropriately with a pen.



Signature: **Date:**

Booking: Date/Time:

For female patients under 55 years.

I believe that I am not pregnant at the time of this examination.

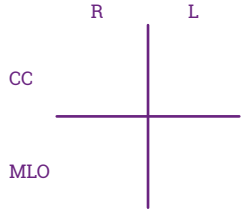
LMP Date:

Signature:

Print Name:

Radiographer Justification

Please, complete the form and then print it out to mark appropriately with a pen.



Initials:

Date: