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|  | *Patient Label* |
| 711Concession Street Hamilton, ON L8V 1C3  (P)905-577-1484/ (F)905-387-8813 |
| **BREAST MR CONSULT** (A completed MRI Requisition **MUST** be submitted with this form) | |
| Indication for referral (check one) | |
| * + OBSP High Risk Screening (confirmed with genetic assessment)   + Diagnostic Assessment (recommended by JH radiologist report)   + Pre-Operative Staging   + Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| previous breast IMAGING (mammogram, ultrasound, mri) | |
| * All previous at HHS/SJH (detailed history to be provided on MR requisition) * Non HHS imaging. Please provide details below:  1. Mammography location and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Ultrasound location and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Other MR/CT location and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Provide details of any breast surgery or biopsy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| attachments | |
| For all Community and non HHS referrals, please attach all relevant reports (including surgical notes, previous imaging and pathology)   * Number of attached reports: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Please Note: Breast MR cannot be booked until previous imaging has been uploaded into our system. | |