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|  | *Patient Label* |
| 711Concession StreetHamilton, 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. |