

North Bay Regional Health Centre

Diagnostic Imaging
Out-Patient Requisition

X-Ray/Ultrasound/Non-Screening
Mammography

(705) 474-8600 ext 2820 Fax: (705) 495-7984

OBSP - Breast Screening Mammogram
(705) 495-7930 Fax: (705) 495-2787

Patient Name: \_\_\_\_\_

Health Card #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Male Female

Appointment Booked: \_\_\_\_\_

Please arrive 15 minutes early for all appointments and bring your health card as well as this form. Failure to do so may result in appointment rebooking.

Présentez-vous 15 minutes avant l'heure de votre rendez-vous et apportez votre carte Santé ainsi que le présent formulaire. Sinon, votre rendez-vous pourrait être remis à une autre date.

FAILURE TO COMPLETE THIS REQUISITION IN FULL WILL RESULT IN A DELAY OF BOOKING THE EXAM

Please check Yes if this patient is currently taking any cytotoxic medication

CLINICAL INFORMATION

DIAGNOSIS

Ultrasound (appointment required)

Examination of: \_\_\_\_\_

Obstetrical: LNMP dd/mm/yy

1st trimester IPS/NT 2nd/3rd trimester/high risk Anatomy Scan (18-20Weeks) BPP

Mammography (appointment required)

OBSP - Breast Screening Mammogram
(Call (705) 495-7930 or Fax: (705) 495-2787 for apt.)

Non-Screening Mammogram
Breast Implants No Yes

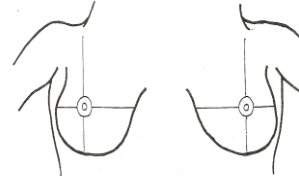
Screening Eligibility:

- Over 50 years of age
Never diagnosed with breast cancer
No breast implants
Asymptomatic

\*Over age 75, requisition required for each mammo thereafter

Breast Ultrasound
(Call (705) 474-8600 ext 2820 or Fax: 705-495-7984 for apt)

Region of interest (for Diagnostic and U/S only)



Stereotactic Breast Biopsy

X-Ray (No appointment required 8-4 Mon-Fri)

Fluoroscopy (appointment required, may include some preparation)

Specific Area to be Examined:

Example: Upper GI, SBFT, Barium Enema

May Dressings or Splints be removed: Yes No

Signature of Ordering Physician: Print Name of Ordering Physician:

For non NBRHC physicians: Please include Ordering Physician # for billing purposes to avoid any delays in care #

Office use only:

Patient Contact: 1. date: 2. date: 3. date:

Patient Notified: date: Clerk Initial: