

PATIENT DETAILS

Patient name:

Date of birth:

Address:

Phone:

EXAMINATION

Diagnostic assessment*

(may include mammogram, ultrasound, biopsy)

Mammogram only*

Ultrasound only

MRI only

Ultrasound FNA

Ultrasound core biopsy

Mammographic-guided core OR vacuum assisted biopsy*

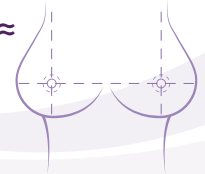
*only available at Qscan Windsor

Thickening/lump: ≈

Scar: #

Skin lesion: O

Pain: X



PAST HISTORY OF BREAST DISEASE

Nil

BENIGN

Fibrocystic change

Fibroadenoma

Other (please describe):

MALIGNANT

Stage: _____ Grade: _____

DCIS

LCIS

Invasive ductal Ca

Invasive lobular Ca

Other (please describe):

Past breast surgery

date: _____

WLE

Mastectomy

Axillary dissection

_____ involved lymph nodes

Radiotherapy

Chemotherapy

Hormone therapy

OBSTETRICS (ultrasound)

Follicle tracking

Dating (< 12 weeks)

Nuchal translucency (12-13 weeks)

Morphology (20 weeks)

Growth check (> 22 weeks)

PELVIS (MRI)

REBATEABLE

Known or suspected deep endometriosis following pelvic US for surgical planning

Mullerian Duct Anomaly investigation for sub-fertility following US or HSG

Uterine mass/fibroid seen on US relating to sub-fertility (including post treatment imaging)

Evaluate for structural causes of sub-fertility after two or more failed IVF cycles

Cervical carcinoma staging following FIGO 1B histology diagnosis

NON-REBATEABLE

Uterine mass evaluation NOT causing sub-fertility

Adenomyosis evaluation

Placental evaluation

Adnexal mass evaluation

Vaginal/vulva mass evaluation

Urethral mass/diverticulum evaluation

Pelvic inflammatory disease evaluation

Other

CLINICAL DETAILS

REFERRING PRACTITIONER

Name:

Address:

Phone:

Provider number:

Signature:

Send copy to:

Fax:

Date: