

**PHYSICIAN REQUEST
DIAGNOSTIC IMAGING SERVICES - OFFERING**

MAMMOGRAPHY; and ONTARIO BREAST SCREENING AND BONE DENSITY
(705)325-2201 EXT 3292 ; FAX: (705)330-3224; E-MAIL: imaging@osmh.on.ca

NAME:

ADDRESS:

D.O.B.:

OHIP NO.:

TELEPHONE NO.:

TIME OF APPOINTMENT

PLEASE ARRIVE IN DEPARTMENT 15 MINUTES PRIOR TO YOUR APPOINTMENT TIME

This will allow time to complete the registration process. If a patient is late another appointment may have to be arranged

TIME: DAY: DATE:

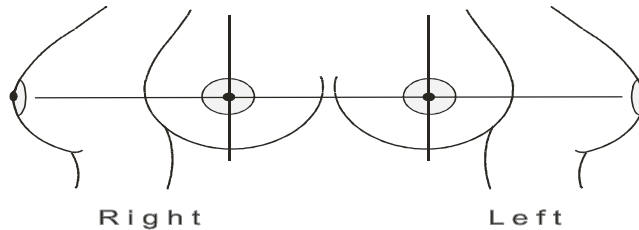
List the patient's home phone number and, if applicable, one alternative number. For each number, use the tick boxes to indicate if the patient consents to be called at that number and/or if messages relating to his/her care and appointments can be left at that number.

Home:..... Can call at this number Can leave messages: [] on voice mail [] with person

Work/Other:..... Can call at this number Can leave messages: [] on voice mail [] with person

REASON FOR REFERRAL: OBSP [] Screening [] Diagnostic [] if palpable mass, please indicate below

MAMMOGRAM: Bilateral [] Unilateral [] Baseline [] Implants/Augmentation [] History of Breast CA []



NOTE: LOW RISK BONE DENSITY TESTS ARE ONLY INSURED BY OHIP EVERY 5 years.

BONE MINERAL DENSITY: High Risk* [] Low Risk [] *if high risk, indicate risk factors

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REFERRING PHYSICIAN: _____

FAMILY PHYSICIAN: _____

PATIENT INSTRUCTIONS: YOU MUST BRING THIS FORM AND YOUR VALID HEALTH CARD TO THE HOSPITAL WITH YOU.

[] MAMMOGRAPHY

Avoid all caffeine for 2 days before your appointment. This includes any beverages such as coffee, tea, soft drinks etc. and any food products containing coffee, chocolate etc
On the day of your appointment, DO NOT USE any deodorants, talcs, body sprays, powders etc

[] BONE DENSITOMETRY - No Preparation Time in department 1/2 hour.

- No barium procedure or nuclear medicine procedure within one week.