

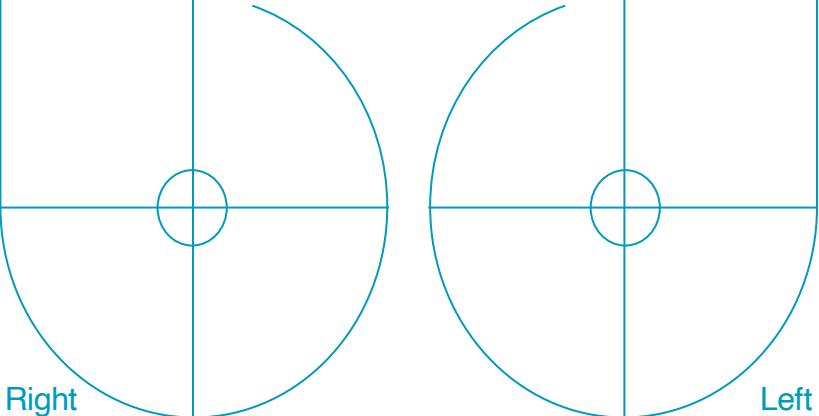
NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

BREAST IMAGING REQUEST FORM

NAME: _____ **DOB:** / /

ADDRESS: _____

CONTACT NUMBER	Date LMP: / /
INDICATION / CLINICAL HISTORY	FHx breast Ca:
	Currently breast feeding YES NO Previous Surgery YES NO
	HRT YES NO
	OCP YES NO Breast Density A B C D
	Post menopausal YES NO
	Personal history of breast cancer YES NO
Previous biopsy YES NO	<i>If Known Please Choose</i>

BREAST IMAGING REQUEST					
Mammography +/- Ultrasound	Bilateral	L	R		
Ultrasound Only	Bilateral	L	R		
Ultrasound Biopsy	Bilateral	L	R		
Contrast Enhanced Subtracted Mammography (CESM)	Bilateral	L	R		

Breast MRI Request	Medicare rebate applies for applicable Medicare descriptions
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MRI Screening	Asymptomatic female under 50 with:	<ol style="list-style-type: none"> 1. High risk Br Ca mutation on genetic testing. 2. On same side of family: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A) 1st or 2nd degree relative with Breast Ca <45 years and another 1st or 2nd degree relative with bone or soft tissue sarcoma <45 years.</td> <td style="width: 50%;">B) Three or more 1st or 2nd degree relatives with breast or ovarian Ca.</td> </tr> <tr> <td colspan="2">3. On same side of family, two 1st or 2nd degree relatives with breast or ovarian Ca and one relative with one of the following:</td> </tr> <tr> <td>A) Bilateral Breast Ca.</td> <td>B) Onset Breast Ca before age 40</td> </tr> <tr> <td>C) Onset Ovarian Ca before age 50.</td> <td>D) Breast and Ovarian Ca in one relative.</td> </tr> <tr> <td>E) Ashkenazi Jewish ancestry.</td> <td>F) Breast Ca in a male relative.</td> </tr> </table> 	A) 1st or 2nd degree relative with Breast Ca <45 years and another 1st or 2nd degree relative with bone or soft tissue sarcoma <45 years.	B) Three or more 1st or 2nd degree relatives with breast or ovarian Ca.	3. On same side of family, two 1st or 2nd degree relatives with breast or ovarian Ca and one relative with one of the following:		A) Bilateral Breast Ca.	B) Onset Breast Ca before age 40	C) Onset Ovarian Ca before age 50.	D) Breast and Ovarian Ca in one relative.	E) Ashkenazi Jewish ancestry.	F) Breast Ca in a male relative.
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E) Ashkenazi Jewish ancestry.	F) Breast Ca in a male relative.											
Diagnostic MRI	Both Breasts	Where the patient has a breast lesion, the results of conventional imaging examinations are inconclusive for the presence of breast cancer, and biopsy has not been possible (63531).										
	Both Breasts (Known Cancer)	Where the patient has been diagnosed with breast cancer, discrepancy exists between clinical assessment and conventional imaging assessment, and the results of breast MRI may alter treatment planning (63533).										
Express Breast (Abbreviated Breast MRI)		Suitable for intermediate risk screening. Non-Rebateable.										
Breast MRI (Implants)		Non-Rebateable.										
Non-Rebateable MRI	Both Breasts (Known Cancer)											

Breast PET/CT Request	Medicare rebate applies for applicable Medicare descriptions
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Breast PET/CT Scan	Whole Body (Staging)	of locally advanced (Stage III) breast cancer in a patient considered potentially suitable for active therapy (61524)
	Whole Body (Re-staging)	of suspected metastatic or suspected locally or regionally recurrent breast carcinoma in a patient considered suitable for active therapy. (61525).

Referrer name (specialist): _____	Provider No.: _____
Ph: _____	Fax: _____
Signature: _____	Date: / /
Address: _____	CC report

NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

North Shore Private Hospital
Ground Floor, Westbourne Street, St Leonards NSW 2065
Tel (02) 8425 3666 • Fax (02) 8330 6383

Parking information:

Valet Parking: available from the NSPH Main Entrance.
Multi-storey Carparks: P1 & P2 access via Westbourne Street or Reserve Road.
Metered street parking: available along Westbourne Street.



You will be advised by our staff if you require preparation for your appointment.
Please arrive 15 minutes prior to your appointment for registration, unless otherwise stated at the time of the booking.
Allow sufficient time for parking.

At North Shore Radiology, we have Breast Specialists who aim to provide subspecialised quality reporting for patients who require breast imaging, including breast MRI and Mammography.

Our radiologists are dedicated to breast imaging and are skilled in breast assessment and screening. Their expertise in breast imaging is enhanced by involvement in many specific activities such as reading screening mammograms and assessing women for Breast Screen NSW; involvement in dedicated clinics for symptomatic women and involvement in cancer care multi-disciplinary teams.

Our team of Breast Specialists includes:
Dr Sarah Choi, Dr Anne Miller, Dr Georgie Mann, Dr Marian Roberts, Dr Steven Blome & Dr Ranjani Reddy.

Relevant Prior Imaging

- Bring prior imaging
- Advise staff of any prior breast scans

Please ring for an appointment and any special instructions. You may wish to note your appointment details below:
Your results will be sent electronically to your doctor, who will then advise you of your results.

Appointment Date: ___ / ___ / ___ Time: _____ Location: _____
(Accounts to be settled on the day of examination).

Preparation: _____

Estimate: \$ _____