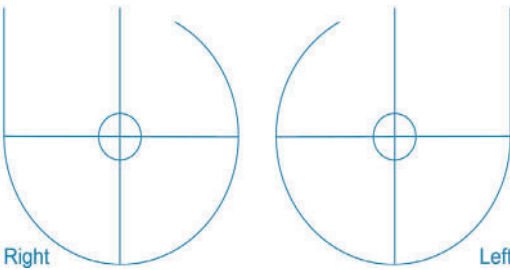


NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

BREAST IMAGING REQUEST FORM

NAME		DOB	
ADDRESS			
CONTACT NUMBER			
INDICATION / CLINICAL HISTORY			
		REFERRER NAME (SPECIALIST):	
		PROVIDER NO.:	
		PH:	FAX:
		SIGNATURE:	DATE:
		ADDRESS:	
		CC REPORT:	

MAMMOGRAPHY / ULTRASOUND		Circle as appropriate		
<input type="checkbox"/> Digital Tomosynthesis (Mammogram)		Bilateral	Left	Right
<input type="checkbox"/> Contrast Enhanced Subtracted Mammogram (CESM)		Bilateral	Left	Right
<input type="checkbox"/> Ultrasound		Bilateral	Left	Right
<input type="checkbox"/> Biopsy	Ultra sound	FNA	Core	Vacuum Assisted Core
	Tomo +/-Clip	Bilateral	Left	Right
Ultrasound Breast Clip Insertion		Standard Clip	Savvi Scout	
		Bilateral	Left	Right
Localisation	Ultra sound	Hookwire	ROLL	SNOLL
		Bilateral	Left	Right
	Tomo-Hookwire	Bilateral	Left	Right

BREAST MRI REQUEST		Medicare reimbursement for applicable Medicare Descriptors
<input type="checkbox"/> 63464	Screening - Asymptomatic female under 60 with:	High risk of Breast Cancer due to one or more of the following: 1. Presence of breast cancer gene mutation in the patient or first-degree relative or 2. One of patient's 1st or 2nd degree relatives has been diagnosed with breast cancer <45 years and another 1st or 2nd degree relative on the patient's side of family has been diagnosed with bone or soft tissue sarcoma <45 years or 3. The patient has a personal history of breast cancer <50 years
<input type="checkbox"/> 63467	Follow up to screening where:	The patient has had an abnormality detected on breast screening MRI (63464) in the previous 12 months
<input type="checkbox"/> 63531	Breast Lesion for further investigation 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
<input type="checkbox"/> 63533	Diagnosed breast cancer where:	Discrepancy exists between clinical and conventional imaging assessment, and the results of breast MRI may alter treatment planning
<input type="checkbox"/>	Abbreviated Breast*	Suitable for intermediate risk screening. Non-rebateable
<input type="checkbox"/>	Breast Implants*	For the assessment of breast implants only. Non-rebateable
*Tick both boxes for general breast tissue AND implant assessment		
<input type="checkbox"/>	Non-rebateable breast MRI where:	Patients do not meet Medicare criteria but require full diagnostic MRI investigation

CT	BONE SCAN		
<input type="checkbox"/> Brain	61425 / 61505	Whole Body Scan	
<input type="checkbox"/> Neck			
<input type="checkbox"/> Chest			
<input type="checkbox"/> Abdo/Pelvis			
<input type="checkbox"/> CAP			
<input type="checkbox"/> NCAP			
BREAST PET/CT			
<input type="checkbox"/> 61524	Whole Body (Staging)	Of locally advanced (Stage III) breast cancer in a patient considered potentially suitable for active therapy	
<input type="checkbox"/> 61525	Whole Body (Re-staging)	Of suspected metastatic or suspected locally or regionally recurrent breast carcinoma in a patient considered suitable for active therapy	

NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

Ground Floor, North Shore Health Hub
7 Westbourne Street, St Leonards 2065 NSW

Tel (02) 9170 4500 • Fax (02) 9170 4577

Parking information:

Metered parking is available on Westbourne Street. There is paid parking available underneath the North Shore Health Hub to the right of the entrance to the Health Hub on Westbourne Street. Paid parking also available as marked on the map as P1 & P2 closer to the public and private hospitals but still within walking distance. To the Health Hub.



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, Dr Merran McKessar.

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: \$ _____