

PRE-SURGERY BREAST IMAGING REQUEST

APPOINTMENT: DATE:

TIME:

AM / PM

SITE: MALVERN / BRIGHTON

PATIENT

Name: _____
Address: _____

Phone: _____ Date of birth: _____
UR: _____

PATIENT LOCATION

- Inpatient (specify ward) _____
 Day ward (specify ward) _____
 Outpatient

EXAMINATION REQUIRED

Date, time and place of operation:

Previous breast imaging at: _____
Date and place of localisation: _____
Date and place of sentinel procedure: _____

Method of localisation: Hookwire Magseeds

For:

- Localisation only
 Localisation/sentinel same day
 Sentinel procedure only
 Sentinel day before /localisation

Number of lesions to be localised:

- Single _____
 Multiple @ _____

Localisation method:

- Mammography (standard 2 view)
 Stereo (discuss with radiologist)
 Ultrasound

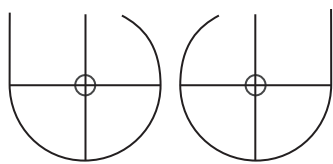
Number of wires/seeds:

- One
 Two
 >Two

CLINICAL NOTES

LESION SITE(S)

1. Ultrasound

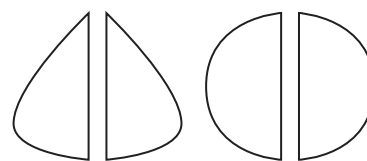


RIGHT

LEFT

Side: _____
Size: _____
o'cl _____
cm FN _____

2. Mammography / stereo



Side:

Lesion type:

- Microcalcification
 Mass
 Other _____

Comments: _____

Comments: _____

Sentinel procedure: Date of injection: _____

Site of lesion in breast: _____

Site of injection: Peritumoural Periareolar Peritumoural and Periareolar Other (specify) _____

Lymphoscintigram: YES – up to _____ hours NO

REFERRING DR

Referrer name: _____ Provider number: _____
Referrer address: _____
Phone: _____ Fax: _____ Signature: _____ Date: _____
Copy of report to: _____

BREAST IMAGING LOCATIONS

CLINIC



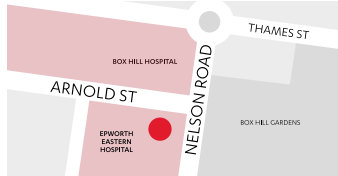
Cabrini Malvern Radiology

181-183 Wattletree Road
Malvern VIC 3144
Phone: 9508 1444 | **Fax:** 9058 1896



Cabrini Brighton Radiology

243 New Street
Brighton VIC 3186
Phone: 9508 5660 | **Fax:** 9058 5874



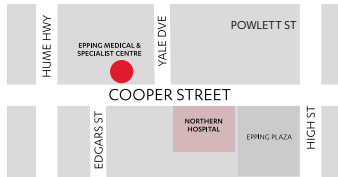
Box Hill Radiology

Epworth Eastern Hospital
1 Arnold Street
Box Hill VIC 3128
Phone: 9236 1300 | **Fax:** 9236 1399



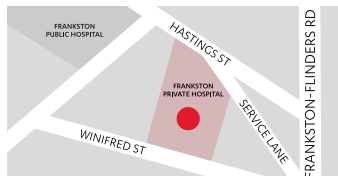
East Melbourne Radiology

St Vincent's Private, Consulting Suites
Level 1, 141 Grey Street
East Melbourne VIC 3002
Phone: 9413 0200 | **Fax:** 9419 8792



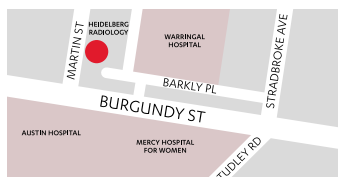
Epping Radiology

Epping Medical & Specialist Centre
230 Cooper Street
Epping VIC 3076
Phone: 8405 9800 | **Fax:** 8405 9855



Frankston Private Radiology

Frankston Private Hospital
24 Frankston-Flinders Road
Frankston VIC 3199
Phone: 9238 8000 | **Fax:** 8781 5284



Heidelberg Radiology

Level 1, 10 Martin Street
Heidelberg VIC 3084
Phone: 9450 1800 | **Fax:** 9450 1888



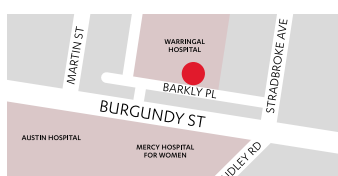
Moorabbin Radiology

758-760 Centre Road
Bentleigh East VIC 3165
Phone: 9242 8000 | **Fax:** 9242 8055



Monash Radiology

Monash Specialist Centre
212 Clayton Road
Clayton VIC 3168
Phone: 8540 3400 | **Fax:** 8540 3444



Warringal Radiology

Warringal Medical Centre
Level 2, 214 Burgundy Street
Heidelberg VIC 3084
Phone: 9450 2100 | **Fax:** 9450 2114

MRI Breast	MRI Breast Biopsy	Stereotactic Biopsy	Tomosynthesis (3D mammography)	Mammography	Ultrasound	Nuclear Medicine	Low dose CT
✓		✓	✓	✓	✓	✓	✓
✓		✓	✓	✓	✓		✓
✓		✓	✓	✓	✓	✓	✓
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