

Scan QR code to request an appointment



San Radiology & Nuclear Medicine
 Level 3, Tulloch Building
 Sydney Adventist Hospital
 185 Fox Valley Road, Wahroonga NSW 2076

Appointments: 02 9480 9840 (opt 1)
Enquiries: 02 9480 9850
Fax: 02 9480 9845
Email: radiology@sah.org.au

Breast Imaging Request
 or Interventional Referral

Patient Name: _____ D.O.B: _____

Phone: _____ Mobile: _____ MRN: _____

REASON FOR ASSESSMENT

- Surveillance – family history, previous breast cancer
- Thick/lumpy breast tissue
- Breast and/or axilla lump(s)
- Breast pain
- Nipple change or discharge
- Skin change
- Risk assessment
- Other _____

EXAMINATION OR PROCEDURE

- 2D/3D Mammography (including Breast Density) and Breast Ultrasound +/- Biopsy*
- 2D/3D Mammography +/- Biopsy*
- Breast Ultrasound +/- Biopsy*
- Contrast – Enhanced Mammogram
- Breast MRI – Standard Protocol**
- Breast MRI – Rapid Sequence Protocol (screening)***

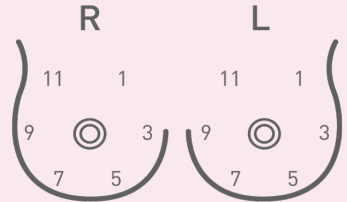
* Biopsy of a lesion/s can be performed same day if selected, with this form accepted as a referral for this patient for investigation, opinion, treatment and/or management of a condition or problem.
 ** Specialist referral is required for Medicare-eligibility for certain indications.
 *** Not Medicare-eligible

ADDITIONAL SERVICES:

- Refer to on-call San Breast Care Surgeon (if required)
- Refer to _____ (specify San Breast Care Surgeon)

CLINICAL INFORMATION

Please include relevant clinical details and indicate on the breast image provided. (0) lump, (///) pain, (++++) scar, (IIIIII) thickening. Please also provide pathology reports if available.



PRECAUTIONS:

- Pregnant? Yes No
- Anticoagulants? Yes No
- If YES Specify _____
- Allergies? Yes No
- If YES Specify _____
- eGFR# _____
- #for contrast only if >60 years or known renal impairment

REFERRER DETAILS

Name: _____

Provider No: _____

Copy to: _____

Signature: _____

Date: _____

Your doctor has recommended you use San Radiology and Nuclear Medicine. You may choose another provider but please discuss this with your doctor first.

PLEASE TICK TO OPT OUT OF PRINTED IMAGES
 All images are available online

MY APPOINTMENT DETAILS:

Appt Date: _____ / _____ / _____

Appt Time: _____

Note: _____

INTERNAL USE ONLY

Date Received: _____ / _____ / _____

Date of Appointment: _____ / _____ / _____

Staff Initials: _____

Triage Code: _____
(1=within 3 days; 2=within 1 week; 3=within 2 weeks; 4=>2 weeks)

PATIENT INFORMATION

Making your appointment

- An appointment is essential for all services at San Breast Care.
- To make an appointment please phone **02 9480 9840 (Option 1)** OR email radiology@sah.org.au
- Our team will inform you of any preparation requirements for your examination or procedure.

On the day of your appointment

- Bring this form and any prior mammograms, ultrasounds or other relevant imaging.
- Please do not wear deodorant prior to your appointment. Bring it along with you to use after your appointment.
- It is recommended that you wear a two piece outfit, such as a skirt or trousers with a top.

HOW TO FIND US

Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P₁**.

For more information on directions, please go to:

www.sah.org.au/san-radiology

San Radiology & Nuclear Medicine



www.sah.org.au/san-breast-care

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