

DIAGNOSTIC IMAGING – MAMMOGRAPHY

 Huntsville District Memorial Hospital
 100 Frank Miller Drive
 Huntsville, ON, P1H 1H7
 T: 705-704-9425
 F: 705-788-1485

 South Muskoka Memorial Hospital
 75 Ann Street
 Bracebridge, ON, P1L 2E4
 T: 705-645-3000
 F: 705-645-7567

PATIENT BOOKING LINE: 1-877-348-6264

Patient Demographics:

Name	Last	First
Address		
Home Phone () -	Other Phone () -	
<input type="checkbox"/> Do not contact patient. Provide appointment date/time to referring provider.		
DOB	YYYY / MM / DD	<input type="checkbox"/> Male <input type="checkbox"/> Female
OHIP		

Isolation Precautions:
 Contact
 Droplet/Contact
 Airborne

Special Instructions (mobility, communication, etc): _____
 Falls Risk
 Wheelchair req'd

Relevant Clinical History:

- OBSP (Ontario Breast Screening Program)**
(age 50-74 years, no implants, no previous hx breast cancer)
- Routine Mammogram**
(OBSP ineligible screening)
- Diagnostic Mammogram**
*All patients with clinical history of a new lump
require a breast ultrasound requisition
- Check box if you **DO NOT** wish for additional
views and/or ultrasound tests to be arranged
by MAHC if recommended by Radiologist



Right Breast

Left Breast

Ordering Provider:

Signature:

Copies to:

Date:

OHIP Billing #:

These examinations must be booked; please fax to our office. Preparation will be given at time of booking.

Incomplete:

- | | |
|--|---|
| <input type="checkbox"/> Patient Information | <input type="checkbox"/> Clinical History |
| <input type="checkbox"/> Exam Requested | <input type="checkbox"/> Signature |
| <input type="checkbox"/> Printed name/CPSO | |

Refaxed to office _____

Office use only:

VERSION: Nov. 2016

Billing codes: