



713, chemin Montréal Road  
 Ottawa, Ontario K1K 0T2  
 (613) 746-4621 ext. 4374  
 Fax : 613-748-4958

**BREAST CLINIC  
 Consultation request**

Montfort Hospital unique chart number if available: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Sex:  F  M      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Tel. : \_\_\_\_\_  
 OHIP # \_\_\_\_\_      Version \_\_\_\_\_

**REFERRING PHYSICIAN INFORMATION**

Name: \_\_\_\_\_ Billing #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

**EXCLUSION : Québec patients**

**Please fax all documents and reports with your consultation request**

- 1) Diagnostic imaging results within the last year (mammo, US, biopsy, pathology, etc.)
- 2) Medical history
- 3) Creatinine (if done in past 3 months)/ Prolactin PRN
- 4) Medication list / Allergies
- 5) When imaging test requested, please send details (where, when)

<b>Criteria for eligibility</b>	➔	<b>Please organize tests as recommended by rad. Fax # 613-748-4951 – mammo, US, biopsy, MRI</b>
<input type="checkbox"/> Birads 6 - Proven breast cancer	➔	<b>Biopsy must be done (Birads 5).</b>
<input type="checkbox"/> Birads 5 - Cancer until proven otherwise		
<input type="checkbox"/> Suspicious lump	➔	Mammography if not done within previous year and ultrasound of affected breast
<input type="checkbox"/> Birads 4 - Radiological investigation suggested	➔	Ultrasound, biopsy as suggested by radiologist
<input type="checkbox"/> Palpable axillary lymph nodes	➔	Mammography and ultrasound of breasts and axilla if not done in previous 6 months
<input type="checkbox"/> Previous breast cancer	➔	Mammography if not done within previous year
<input type="checkbox"/> Spontaneous inverted nipple/skin, redness, orange peel	➔	Mammography and ultrasound of affected breast
<input type="checkbox"/> Bloody nipple discharge	➔	Mammography and ultrasound of affected breast
<input type="checkbox"/> Breast implant malfunction	➔	Directed to plastic surgeon

**\*Please note patient will be seen once all tests completed and results received**

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Signature :