

- Mammography R L BL Ultrasound R L BL
- Proceed to further imaging if indicated (mammography or ultrasound) or
- Call me if further investigation is necessary

Referrals must be forwarded to MedRay Imaging before appointments will be made.

Your Appointment is:

Date: _____

Time: _____

**Please arrive 15 minutes early.
Read patient information below.**

Patient: _____ Birth date: _____

Physician: _____ Patient phone: _____

Physician number: _____ PHN: _____

Physician address: _____ Physician signature: _____

Copies to: _____ Payer: MSP WCB SELF OTHER

Patient Information

Why Do You Need a Mammogram or Ultrasound?

A mammogram is a special x-ray of the breast which produces fine detail images at a low radiation dose. A specially trained technologist will use a compression device during the examination to achieve the best quality images. Films are taken of each breast at different angles.

Breast ultrasound is frequently used in addition to mammography. Ultrasound uses sound waves to visualize breast structures and distinguish between cysts and solid masses.

On the Day of the Examination:

Do not apply deodorant, body powder or other material on your underarms or around the breasts. Wear clothing that can be removed from the waist up. You will be given a gown to wear for the examination.

Location:

MedRay Imaging is located in the Gordon Professional Centre which is at Gordon Avenue and Christmas Way in Coquitlam. This is one block south of the Lougheed Highway, and one block west of Westwood Street.

Parking:

Pay parking is available adjacent to Gordon Professional Centre.

Patient History Incomplete requests will be returned

Previous mammograms (when & where): _____

Previous biopsies/surgery: _____

Hormone therapy: _____

Family history of breast cancer: _____

Date of last menstrual period: _____ Is patient pregnant? yes no

Present Complaint Please check the appropriate indication

- Lump Localized Pain/tenderness "Abnormal" screening mammogram Previous breast cancer
- Thickening Nipple discharge Follow up of previous findings Breast prostheses (implants)
- Other, please specify _____

Please mark area(s) of concern when appropriate:

