

# Breast imaging request



**PLEASE BRING PREVIOUS FILMS FOR COMPARISON**

NAME: .....

ADDRESS: .....

DATE OF BIRTH: .....

IS THE PATIENT PREGNANT?  YES  NO

Patient

<p><b>REGION</b></p> <p><input type="radio"/> RIGHT BREAST</p> <p><input type="radio"/> LEFT BREAST</p> <p><input type="radio"/> BILATERAL</p>	<p><b>BREAST IMAGING REQUEST</b></p> <p><input type="radio"/> MAMMOGRAPHY +/- ULTRASOUND</p> <p><input type="radio"/> ULTRASOUND</p> <p><input type="radio"/> ULTRASOUND BIOPSY</p> <p><input type="radio"/> CLIP</p> <p><input type="radio"/> MAGSEED</p> <p><input type="radio"/> STEREOTACTIC BIOPSY</p> <p><input type="radio"/> CT</p> <p><input type="radio"/> NUCLEAR MEDICINE +/- X-RAY</p> <p><input type="radio"/> CONTRAST ENHANCED SUBTRACTED MAMMOGRAPHY (CESM)</p>
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**BREAST MRI REQUEST**

MRI of both breasts where the patient has a breast lesion, the results of conventional imaging examinations are inconclusive for the presence of breast cancer, and biopsy has not been possible.

MRI of both breasts where the patient has been diagnosed with breast cancer, discrepancy exists between clinical assessment and conventional imaging assessment, and the results of breast MRI may alter treatment planning.

MRI SCREENING (eligibility criteria for Medicare rebate below, tick one)       MRI NON-REBATABLE (does not meet eligibility criteria)

**Asymptomatic female under 60 years of age; and the request for the scan identifies that the patient is at high risk of developing breast cancer due to one or more of the following:**

(i) genetic testing has identified the presence of a high risk breast cancer gene mutation in the patient or in a first degree relative of the patient;

(ii) both:

(A) one of the patient's first or second degree relatives was diagnosed with breast cancer at age 45 years or younger; and

(B) another first or second degree relative on the same side of the patient's family was diagnosed with bone or soft tissue sarcoma at age 45 years or younger;

(iii) the patient has a personal history of breast cancer before the age of 50 years;

(iv) the patient has a personal history of mantle radiation therapy;

(v) the patient has a lifetime risk estimation greater than 30% or a 10 year absolute risk estimation greater than 5% using a clinically relevant risk evaluation algorithm.

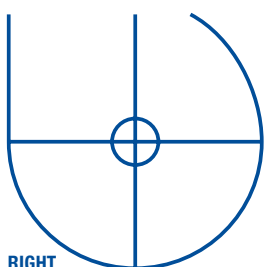
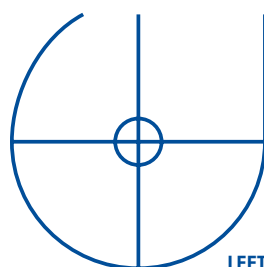
Applicable not more than once in a 12 month period.

**MRI BREAST BIOPSY REQUEST**

BREAST MRI BIOPSY

<input type="radio"/> MRI +/-	<input type="radio"/> ORBITS +/-	<input type="radio"/> SKULL +/-	<input type="radio"/> CHEST X-RAY	<b>IMPORTANT: Indicate whether the following applies to your patient</b>	
History of welding, grinding, sheet metal work	<input type="radio"/> YES	<input type="radio"/> NO	Cardiac pacemaker	<input type="radio"/> YES	<input type="radio"/> NO
Brain aneurysm clip	<input type="radio"/> YES	<input type="radio"/> NO	Cochlear implant	<input type="radio"/> YES	<input type="radio"/> NO

Exam

 <p>RIGHT</p>	 <p>LEFT</p>	<p>DATE LMP: .....</p> <p>FHX BREAST CA: .....</p> <p>CURRENTLY BREASTFEEDING <input type="radio"/> YES <input type="radio"/> NO</p> <p>HRT <input type="radio"/> YES <input type="radio"/> NO</p> <p>OCP <input type="radio"/> YES <input type="radio"/> NO</p> <p>POST MENOPAUSAL <input type="radio"/> YES <input type="radio"/> NO</p> <p>SURGERY <input type="radio"/> YES <input type="radio"/> NO</p> <p>DETAILS: .....</p>
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REFERRER NAME: .....	PROVIDER NO: .....
REFERRER ADDRESS: .....	COPY REPORT TO: .....
SIGNATURE: .....	DATE: .....

Referring Dr

YOUR DOCTOR HAS RECOMMENDED THAT YOU USE I-MED RADIOLOGY. YOU MAY CHOOSE ANOTHER PROVIDER BUT PLEASE DISCUSS THIS WITH YOUR DOCTOR FIRST.



## Breast services location guide

For more information on our clinics and services visit [i-med.com.au](http://i-med.com.au)

Location	Address	Phone	Fax	Breast MRI	Tomosynthesis (3D Mammography)	Breast MRI Biopsy	Stereotactic Biopsy	Contrast Enhanced Mammography
<b>Bentleigh East</b>	758-760 Centre Road, Bentleigh East 3165	03 9242 8000	03 9242 8055	✓	✓			
<b>Boronia</b>	154 Boronia Road, Boronia 3155	03 8739 7100	03 9762 8102		✓			
<b>Box Hill</b>	Epworth Eastern Hospital, 1 Arnold Street, Box Hill 3128	03 9236 1300	03 9236 1399	✓	✓		✓	
<b>Brighton</b>	Cabrini Medical Imaging, 243 New Street, Brighton 3186	03 9508 5660	03 9508 5874		✓			
<b>Bundoora</b>	115 Plenty Road, Bundoora 3083	03 8467 5200	03 9467 1432		✓			
<b>Camberwell</b>	563 Riversdale Road, Camberwell 3124	03 8808 7000	03 9804 0221		✓			
<b>Casey</b>	55 Kangan Drive, Berwick 3806	03 9709 6500	03 9709 6550	✓	✓			
<b>Caulfield</b>	Caulfield Hospital, 1st Floor, 260 Kooyong Road, Caulfield 3162	03 8531 8700	03 9532 9349		✓			
<b>Clayton</b>	Monash Specialist Centre, 212 Clayton Road, Clayton 3168	03 8540 3400	03 8540 3444	✓	✓	✓	✓	✓
<b>Coburg</b>	John Fawkner Private Hospital (lower ground), 275 Moreland Road, Coburg 3058	03 8378 6100	03 8378 6150		✓			
<b>Craigieburn</b>	Craigieburn Junction Specialist Centre, Level 2, 420-440 Craigieburn Road, Craigieburn 3064	03 8314 2000	03 8314 2030		✓			
<b>Cranbourne</b>	201 High Street, Cranbourne 3977	03 5996 4076	03 5996 7233		✓			
<b>Dandenong</b>	96-98 David Street, Dandenong 3175 (opposite Dandenong Hospital)	03 8710 3500	03 9793 2291		✓			
<b>Doncaster</b>	2-4 George Street, Doncaster East 3109	03 9841 9133	03 9841 8313		✓			
<b>East Melbourne</b>	St Vincent's Private Consulting Suites, Level 1, 141 Grey Street, East Melbourne 3002	03 9413 0200	03 9419 8792	✓	✓		✓	✓
<b>Epping</b>	Epping Medical & Specialist Centre, 230 Cooper Street, Epping 3076	03 8405 9800	03 8405 9855	✓				
<b>Frankston</b>	19 Hastings Road, Frankston 3199 (opposite Frankston Hospital)	03 8781 5200	03 9781 5832		✓			
<b>Hampton</b>	Linacre Private Hospital, 12 Linacre Road, Hampton 3188	03 8599 3000	03 8599 3008		✓			
<b>Heidelberg</b>	Level 1, 10 Martin Street, Heidelberg 3084	03 9450 1800	03 9450 1888	✓	✓			
<b>Heidelberg</b>	Warringal Medical Centre, Level 2, 214 Burgundy Street, Heidelberg 3084	03 9450 2100	03 9450 2114	✓				
<b>Hoppers Crossing</b>	267 Heaths Road, Hoppers Crossing 3029	03 8734 0500	03 9748 4120		✓			
<b>Lilydale</b>	355 Main Street, Lilydale 3140 (Cnr Berwick St)	03 9738 8700	03 9738 8777		✓			
<b>Malvern</b>	Cabrini Medical Imaging, 183 Wattletree Road, Malvern 3144	03 9508 1444	03 9508 1896		✓			
<b>Mentone</b>	41 Balcombe Road, Mentone 3194	03 8585 2400	03 9583 7437		✓			
<b>Mont Albert</b>	649 Elgar Road, Mont Albert North 3129 (Cnr Belmore Road)	03 8843 2100	03 8843 2155		✓			
<b>Mornington</b>	Beleura Hospital, 925 Nepean Highway, Mornington 3931	03 5970 4700	03 5975 1172		✓			
<b>Mount Waverley</b>	Waverley Private Hospital, 343-357 Blackburn Rd, Mount Waverley 3149	03 8814 3300	03 8814 3390		✓			
<b>Mulgrave</b>	Mulgrave Private Hospital, Cnr Police & Gladstone Rds, Mulgrave 3170	03 8793 4300	03 8793 4322		✓			
<b>Pakenham</b>	20 Main Street, Pakenham 3810	03 5947 7000	03 5947 7055		✓			
<b>Ringwood East</b>	110-114 Mount Dandenong Road, Ringwood East 3135	03 9871 7888	03 9871 7899		✓			
<b>Rosebud</b>	535 Point Nepean Road, Capel Sound 3940	03 5986 9400	03 5986 7255		✓			
<b>Werribee</b>	St Vincent's Private Hospital, 240 Hoppers Lane, Werribee 3030	03 8780 9000	03 8780 9098		✓			