

STANDARD OUTPATIENT BREAST IMAGING REQUISITION

Patient Name (last) _____
 (first) _____
 DOB (dd/mmm/yyyy) _____
 PHN _____ MRN _____
 Account/Visit # _____
IH USE ONLY

Patient Name (last) _____ (first) _____
 DOB (dd/mmm/yyyy) _____ PHN _____
 Patient Address _____
 City/Town _____ Province _____ Postal Code _____
 Phone 1 (include area code) _____
 Phone 2 _____ Phone 3 _____
 Patient Height _____ (cm) Patient Weight _____ (kg)
 Birth Sex F M U
 Unavailable dates _____
 Billable to: MSP ICBC WorkSafeBC Claim # _____
 Patient Other _____

PRACTITIONER NAME & MSP PRACTITIONER NUMBER
 (or office stamp)

Diagnostic Mammography **Ultrasound**
 Right Left Bilateral Right Left Bilateral

PRIORITY LEVEL
 Priority Descriptions on reverse side
 P1 Emergent (Practitioner must speak with radiologist) P2 Urgent
 P3 Semi-urgent P4 Non-urgent P5 Date Specific

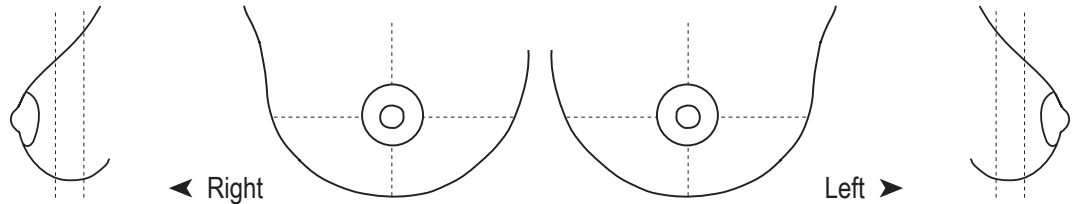
History

Previous Mammograms Date(s) and Location _____
 Previous Biopsies / Surgery Date(s) _____
 Hormone Therapy Date(s) _____
 Family History Of Breast Cancer Relationship _____
 Menstrual History Pregnant: Yes No LMP (Date) _____ Menopause (Age) _____

Present Complaint

Lump Localized Pain / Tenderness "Abnormal" Screening Mammogram Previous Breast Cancer
 Thickening Nipple Discharge Follow Up of Previous Findings Breast Prostheses (Implants)
 Other (specify) _____

Please mark
 area(s) of concern
 when appropriate



Date (dd/mmm/yyyy)	Time (24 hour)	Provider Name/Signature	Initials	Designation / College ID #
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Copy Results To:
 In submitting this requisition, I agree to allow the Radiologist to use their discretion in the choice of imaging techniques and subsequent tissue sampling.

FOR MEDICAL IMAGING DEPARTMENT USE ONLY

Protocol/Instructions _____
 Radiologist Name _____

Fax both pages

Permanent part of the health record

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Region	Hospital	Address	Phone	Fax
Cranbrook	East Kootenay Regional Hospital	13-24th Ave. N.	(250) 417-3586	(250) 426-5610
Kamloops	Royal Inland Hospital	311 Columbia St.	(250) 314-2100 Ext 2414	(250) 314-2152
Kelowna	Kelowna General Hospital	2268 Pandosy St.	(250) 862-4458	(250) 862-4357
Nelson	Kootenay Lake Hospital (mammography not available)	3 View St.	(250) 354-2316	(250) 354-2328
Penticton	Penticton Regional Hospital	550 Carmi Ave.	(250) 770-7573	(250) 770-7574
Trail	Kootenay Boundary Regional Hospital	1200 Hospital Bench	(250) 364-3416	(250) 364-3435
Vernon	Vernon Jubilee Hospital	2101-32 St.	(250) 558-1206	(250) 503-3721
Williams Lake	Cariboo Memorial Hospital	517 North 6th Ave.	(250) 392-8220	(250) 398-5892

LEGEND: MSP - Medical Services Plan ICBC - Insurance Corporation of British Columbia LMP - Last Menstrual Period
 F - Female M - Male U - Unknown cm - centimeter kg - kilogram

Appendix G: CAR – CSBI Breast Imaging Wait Time Benchmarks

Breast Priority Categories

P1 - Emergent	An examination necessary to diagnose and/or treat disease or injury that is immediately threatening to life or limb.
P2 - Urgent	An examination necessary to diagnose and/or treat disease or injury that is not immediately threatening to life or limb. Based on provided clinical information, no negative outcome related to delay in treatment is expected for the patients if the examination is completed within the benchmark period.
P3 - Semi-urgent	An examination necessary to diagnose and/or treat disease or injury and/or alter treatment plan, where provided clinical information requires that the examination be performed sooner than the P4 benchmark.
P4 - Non-urgent	An examination necessary to diagnose and/or treat disease or injury and/or alter treatment plan, where based on provided clinical information, no negative long-term medical outcome related to delay in treatment is expected for the patient if the examination is completed within the benchmark period.
P5 - Date Specific	This category is used when a specific date or follow-up timeline is required.

Breast Priority Categories can be located on the CAR webpage at:
[Appendix G: CAR - CSBI Breast Imaging Wait Time Benchmarks.](#)

Notes

Fax both pages