

<b>Ste. 100 – 4980 Kingsway</b> N.E. corner of Nelson Ave. & Bennett St. <b>Burnaby, B.C. V5H 4K7</b> <b>Telephone: 604 434-1345</b> <b>Fax: 604 435-1309</b>	<b>Monday - Friday</b> <b>9 a.m. - 5 p.m.</b>  <b>(Maps on reverse)</b>	<b>Ste. 150 – 5791 No. 3 Road</b> <b>Richmond, B.C. V6X 2C9</b>  <b>Telephone: 604 278-9151</b> <b>Fax: 604 278-6315</b>	X-RAY USE ONLY		
<b>BILLABLE TO:</b> <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WORK SAFE BC <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER		NAME OF PHYSICIAN & MSP PRATIONIONER NUMBER (OR OFFICE STAMP)			
PERSONAL HEALTH NUMBER	DOB: YYYY / MM / DD				
SURNAME OF PATIENT				FIRST NAME AND MIDDLE INITIAL	
TELEPHONE # (INCLUDE AREA CODE)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F			PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS	CITY/TOWN			POSTAL CODE	COPY RESULTS TO:

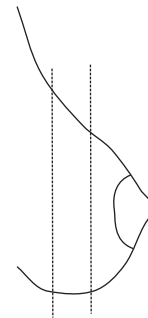
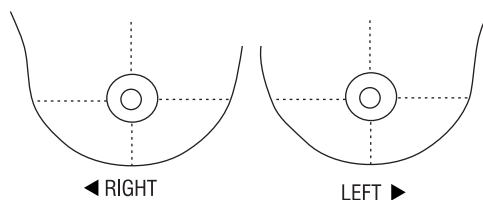
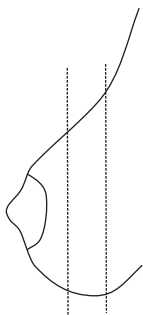
- DIAGNOSTIC MAMMOGRAPHY**                       **ULTRASOUND**  
 **Proceed to further imaging if indicated (Mammography or Ultrasound)**  
**OR**  
 **Call me if further investigation is necessary**

**HISTORY**

PREVIOUS MAMMOGRAMS <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE(S)
PREVIOUS BIOPSIES / SURGERY <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE(S)
HORMONE THERAPY <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE(S)
FAMILY HISTORY OF BREAST CANCER <input type="checkbox"/> YES <input type="checkbox"/> NO	RELATIONSHIP
MENSTRUAL HISTORY LMP DATE _____ MENOPAUSE (AGE): _____	

**PRESENT COMPLAINT (Please check the appropriate indication)**

<input type="checkbox"/> LUMP	<input type="checkbox"/> THICKENING	<input type="checkbox"/> LOCALIZED PAIN / TENDERNESS	<input type="checkbox"/> NIPPLE DISCHARGE
<input type="checkbox"/> "ABNORMAL" SCREENING MAMMOGRAM	<input type="checkbox"/> FOLLOW UP OF PREVIOUS FINDINGS	<input type="checkbox"/> PREVIOUS BREAST CANCER	<input type="checkbox"/> BREAST PROSTHESES (IMPLANTS)
<input type="checkbox"/> OTHER, SPECIFY:			

**PLEASE MARK AREA(S) OF CONCERN WHEN APPROPRIATE**


TELEPHONE REQUISITION TIME	INITIALS OF RECORDER	DATE SIGNED (YYYY / MM / DD)
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SIGNATURE OF REQUESTING PHYSICIAN
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## INSTRUCTIONS:

- Please do not apply deodorants or powders on the day of your exam as this will interfere with the study.
- Duration of examination is approximately 30 minutes.
- If you have questions or concerns, please phone:  
BURNABY 604 434-1345 RICHMOND 604 278-9151

## A FEE OF \$50.00 WILL BE CHARGED FOR MISSED APPOINTMENTS 24 HOUR CANCELLATION REQUIRED Please bring this form with you

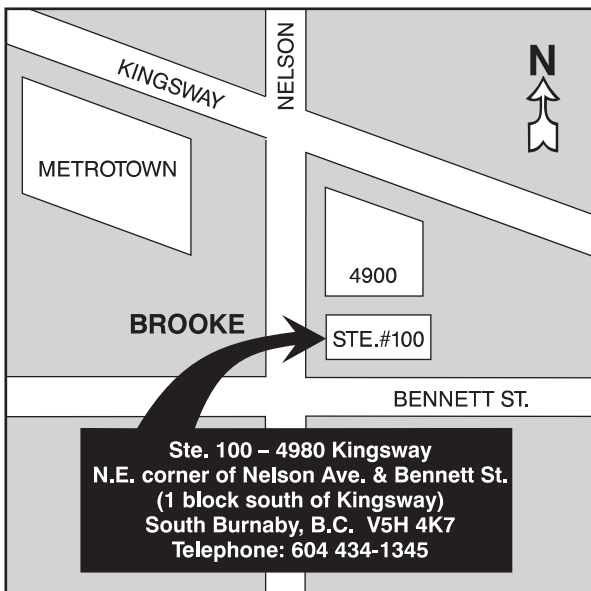
### ਛਾਤੀਆਂ ਦਾ ਟੈਸਟ

ਟੈਸਟ ਨੂੰ ਤਕਰੀਬਨ ਅੱਦਾ ਘੰਟਾ ਲਗਦਾ ਹੈ। ਟੈਸਟ ਕਰਨ ਵੇਲੇ ਤੁਾਡੀਆਂ ਛਾਤੀਆਂ ਥੋੜਾ ਘੁੱਟੀਆਂ ਜਾਣਗੀਆਂ ਤਾਂ ਕਿ ਟੈਸਟ ਠੀਕ ਤਰਾਂ ਹੋ ਸਕੇ। ਟੈਸਟ ਵਾਲੇ ਦਿਨ ਕੋਈ ਪਾਊਡਰ ਜਾਂ ਮਹਿਕ ਨਾ ਲਗਾਓ ਕਿਉਂਕਿ ਇਸ ਨਾਲ ਟੈਸਟ ਵਿਚ ਨੁਕਸ ਪੈ ਸਕਦਾ ਹੈ। ਹਲਕੇ ਕੱਪੜੇ ਪਾਓ ਜੋਕਿ ਜਲਦੀ ਉਤਾਰ ਸਕੋ। ਹੋਰ ਜਾਣਕਾਰੀ ਲਈ 434-1345 ਬਰਨਬੀ ਵਿਚ ਅਤੇ 278-9151 ਰਿਚਮੰਡ ਫੋਨ ਕਰੋ।

### 乳部檢查應注意事項：

1. 檢查當日，不宜用肥皂、除臭劑、爽身粉或香水
2. 避免或減少咖啡飲料食品，以免增加乳房敏感性，致人體不舒服
3. 在月經初發現後第10天至14天中，最適宜作檢查

### BURNABY



### RICHMOND

