



# VALLEY MEDICAL IMAGING

Langley Professional Bldg.  
#200 – 5503 206th St.  
Langley, BC V3A 2C6  
Phone: 604-534-4114  
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BILLABLE TO:					
<input type="checkbox"/> MSP	<input type="checkbox"/> ICBC	<input type="checkbox"/> WCB	<input type="checkbox"/> RCMP	<input type="checkbox"/> PATIENT	<input type="checkbox"/> OTHER
PERSONAL HEALTH NUMBER		DOB: YYYY/MM/DD		NAME OF PHYSICIAN & MSP PRACTITIONER NUMBER (or office stamp)	
SURNAME OF PATIENT		FIRST NAME AND MIDDLE INITIAL			
TELEPHONE # (INCLUDE AREA CODE)		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	<b>PREGNANT</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
ADDRESS		CITY/TOWN		POSTAL CODE	
Copy Results To:					

RIGHT                       LEFT                      OR     BILATERAL  
 DIAGNOSTIC MAMMOGRAPHY                       ULTRASOUND

Proceed to further imaging if indicated (mammography or ultrasound)

PREVIOUS EXAMINATIONS NO  YES  LOCATION \_\_\_\_\_

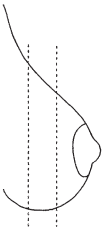
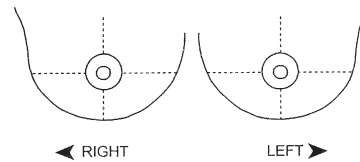
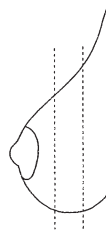
**We do not perform “routine” or screening mammograms for B.C. Residents. Please check the appropriate indicator(s).**

### DIAGNOSTIC INDICATION(S)

1.  Lump
2.  Thickening, nodulation
3.  Dimpling, contour deformity
4.  Nipple discharge
5.  Pain
6.  Follow-up breast cancer
7.  Search for unknown 1° malignancy
8.  Implant complications
9.  First post-op mammogram for benign biopsy
10.  Workup abnormal screening mammogram
11.  Other – Specify \_\_\_\_\_

### SCREENING INDICATION(S)

12.  Woman under 40 years with strong family history
13.  Implants (Augmentation)
14.  2 month wait at SMPBC facility
15.  Patient with no symptoms, 80 years & over



Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Referring Physician

**PATIENTS: PLEASE COMPLETE FORM ON BACK AND FOLLOW PREPARATION.**

Please give **24 hours notice** if unable to keep your appointment. Failure to do so will result in your being billed privately for the examination.

**PLEASE ARRANGE TO LEAVE YOUR CHILDREN AT HOME, OR HAVE SUPERVISION.**

# MAMMOGRAPHY

## PATIENT TO COMPLETE:

Previous Mammogram: Yes  No  If yes, where? \_\_\_\_\_

### Surgical History:

	Right Breast	Left Breast
Benign - Biopsy		
Cancer – <input type="checkbox"/> Mastectomy or <input type="checkbox"/> Lumpectomy		
Breast Reduction Surgery		
Breast Augmentation (IMPLANTS)		

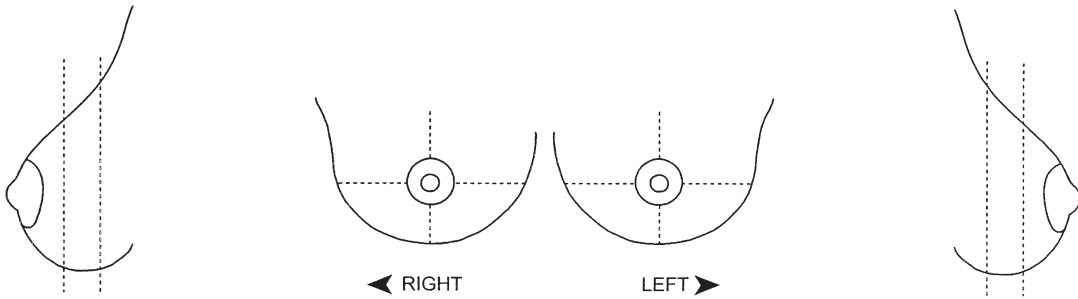
Hormone Therapy (Including birth control): Yes  No

Menstrual History: Date of Last Menstrual Period \_\_\_\_\_  
Menopause \_\_\_\_\_

Family History of Breast Cancer: Grandmother \_\_\_\_\_ Mother \_\_\_\_\_  
Sister \_\_\_\_\_ Other \_\_\_\_\_

Present Complaint: \_\_\_\_\_

Mark area of concern as well as moles, scars, etc. on diagram.



### PREPARATION INSTRUCTIONS:

If there is a possibility you may be pregnant, please advise your doctor to ensure the exam will be done.

No **CAFFEINE** for 24 hours if possible. No deodorant or talcum. Please wear skirt or slacks as you will need to undress to the waist.

Present this requisition and B.C. Care Card to the receptionist when you arrive for your examination.

***PLEASE ARRANGE TO LEAVE YOUR CHILDREN AT HOME, OR HAVE SUPERVISION.***