

BREAST IMAGING REQUEST

PATIENT

Name: _____
 Address: _____

 Phone: _____ Date of birth: _____

Medicare number: _____
 Is the patient pregnant? Yes No

Any previous examinations of the breast? Yes No
 Please contact the medical imaging department if your previous mammograms were NOT performed at Cabrini. This will allow time for your images to be sourced and be available for comparison.

EXAMINATION REQUIRED

REGION

Left breast Bilateral
 Right breast Implants

BREAST IMAGING REQUEST

Mammography/tomosynthesis +/- ultrasound Ultrasound Ultrasound FNA
 Contrast enhanced mammography Ultrasound biopsy Stereotactic biopsy

BREAST MRI REQUEST

EFFECTIVE 1 NOVEMBER 2019

- 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 after treatment planning
- MRI screening (eligibility criteria for Medicare rebate below, tick one) MRI non-rebateable (does not meet eligibility criteria)

Asymptomatic female under 50 with:

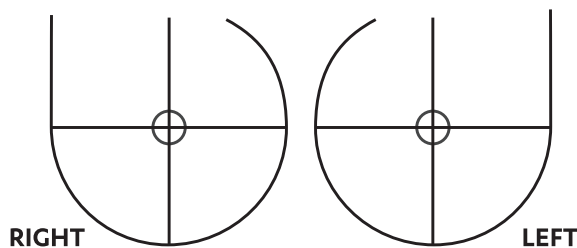
- 1. High Risk Br Ca mutation on genetic testing
- 2. On same side of family
 - a. 1st or 2nd degree relative with breast Ca <45 years and another 1st or 2nd degree relative with bone or soft tissue sarcoma <45 years
 - b. Three or more 1st or 2nd degree relatives with breast or ovarian Ca
- 3. On same side of family, two 1st or 2nd degree relatives with breast or ovarian Ca and one relative with one of the following:
 - a. Bilateral breast Ca
 - b. Onset breast Ca before age 40
 - c. Onset ovarian Ca before age 50
 - d. Breast and ovarian Ca in one relative
 - e. Breast Ca in a male relative
 - f. Ashkenazi Jewish ancestry

BREAST MRI BIOPSY REQUEST

MRI +/- Orbits +/-Skull +/- Chest X-ray IMPORTANT: Indicate whether the following applies to your patient

History of welding, grinding, sheet metal work Yes No Cardiac pacemaker Yes No
 Brain aneurysm clip Yes No Cochlear implant Yes No

CLINICAL NOTES



Date LMP: _____
 Cardiac pacemaker: _____
 Currently breastfeeding Yes No
 HRT Yes No
 OCP Yes No
 Post menopausal Yes No
 Surgery Yes No

Details: _____

REFERRING DR

Referrer name: _____ Provider number: _____
 Referrer address: _____
 Phone: _____ Fax: _____ Signature: _____ Date: _____
 Copy of report to: _____

BREAST IMAGING LOCATIONS

CLINIC



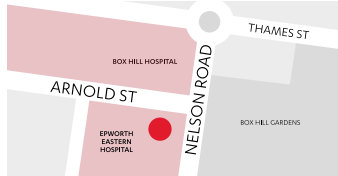
Cabrini Malvern Radiology

181-183 Wattletree Road
Malvern VIC 3144
Phone: 9508 1444 | Fax: 9058 1896



Cabrini Brighton Radiology

243 New Street
Brighton VIC 3186
Phone: 9508 5660 | Fax: 9058 5874



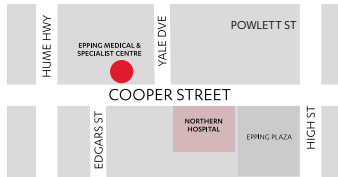
Box Hill Radiology

Epworth Eastern Hospital
1 Arnold Street
Box Hill VIC 3128
Phone: 9236 1300 | Fax: 9236 1399



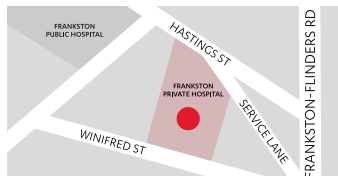
East Melbourne Radiology

St Vincent's Private, Consulting Suites
Level 1, 141 Grey Street
East Melbourne VIC 3002
Phone: 9413 0200 | Fax: 9419 8792



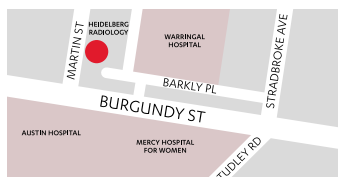
Epping Radiology

Epping Medical & Specialist Centre
230 Cooper Street
Epping VIC 3076
Phone: 8405 9800 | Fax: 8405 9855



Frankston Private Radiology

Frankston Private Hospital
24 Frankston-Flinders Road
Frankston VIC 3199
Phone: 9238 8000 | Fax: 8781 5284



Heidelberg Radiology

Level 1, 10 Martin Street
Heidelberg VIC 3084
Phone: 9450 1800 | Fax: 9450 1888



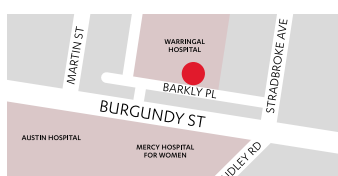
Moorabbin Radiology

758-760 Centre Road
Bentleigh East VIC 3165
Phone: 9242 8000 | Fax: 9242 8055



Monash Radiology

Monash Specialist Centre
212 Clayton Road
Clayton VIC 3168
Phone: 8540 3400 | Fax: 8540 3444



Warringal Radiology

Warringal Medical Centre
Level 2, 214 Burgundy Street
Heidelberg VIC 3084
Phone: 9450 2100 | Fax: 9450 2114

MRI Breast	MRI Breast Biopsy	Stereotactic Biopsy	Tomosynthesis (3D mammography)	Mammography	Ultrasound	Nuclear Medicine	Low dose CT
✓		✓	✓	✓	✓	✓	✓
✓		✓	✓	✓	✓		✓
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