



Mammography/OBSP/Breast U/S

1000 De Palma Drive, Cobourg, ON K9A 5W6
Tel 905-377-7795 Fax 905-373-6914

**Please fax all NHH
Mammography/OBSP/Breast
U/S Requisitions to
(905) 373-6914**

Last Name: _____

First Name: _____

Address: _____

City: _____ P. Code _____

Phone: (____) ____-____ D.O.B: _____

Health Card #:

(version code)

DI will contact patient directly with an appointment unless this box is checked

Speak to Patient only Patient's Permission to leave message

Contact POA or other _____

Contact's Name: _____ Tele#: _____

Urgent

Elective

Patient's most recent previous mammograms were done:

At Northumberland Hills Hospital

At another site. Please specify and attach recent reports.

Physician's / Practitioner's Signature

Ordering Physician/Practitioner Data

Name: _____

OHIP Billing #: _____

CPSO #: _____

Phone: _____

Fax: _____

Copies To:
(Include Address)

Examination Requested

Routine Mammogram
Does the patient have breast implants?
 Yes No

Has the patient ever had breast cancer?
 Yes No

Breast Ultrasound

Left

Right

Bilateral

Breast Work Up Clinic

As recommended by NHH Radiologist?

Other: Please specify.

History: (Please print legibly)

To the Patient

Appointment Date: _____ **Time:** _____ **Location:** _____

Please note: You must bring this requisition and your health card with you.

Please do not wear any deodorant or talcum powder. It would be helpful if you dressed in a two piece outfit.

Register at the Diagnostic Imaging Registration Desk in the main lobby beside the gift shop.

Northumberland Hills Hospital is a "scent free" environment. Please no perfume or scented deodorants or body spray.

Form: #418 (10/19;01/20)