



Mammography Department

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

Patient Data: please print or place label here

Last Name: _____

First Name: _____

Address: _____

City _____ Postal Code: _____

Phone: _____ DOB
D M Y

HC no.
Version

WSIB# _____

Transportation (circle)

Ambulatory Wheelchair Stretcher

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 Signature: _____

Physician Data (print or imprint below)

Name _____

Phone _____

Billing # _____

Copies to: _____

Examination Requested

- Routine Mammogram**
- Does the patient have breast implants?
Yes or No
 - Has the patient ever had breast cancer?
Yes or No
- Breast Work Up Clinic**
- As recommended by NHH Radiologist.
 - Other. Please specify.

Clinical History / Indication

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.