

X-ray Department

Breast Imaging Request Form

Account No.: _____ Case No.: _____ Appointment Date: _____

Referrers are required to complete boxes 1-4 accurately and legibly and are legally obliged, under the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000, to supply sufficient medical data to enable the practitioner to decide on whether there is a sufficient net benefit. INADEQUATELY COMPLETED FORMS WILL NOT BE ACCEPTED.

1 Affix patient's current addressograph label or print patient's details

2 Patient category

- Insured:
- Self-funding:
- Medico-legal:
- Health Screening:
- Immigration:

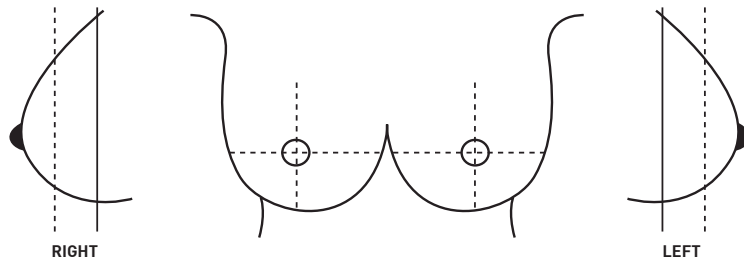
I have identified this patient to be the bearer of this form:

Signed: _____ Date: _____

I have checked this patient's name, address and DOB:

Signed: _____ Date: _____

3 Clinical details. [The examination will not be performed unless sufficient clinical details are supplied. Include date and nature of any relevant previous examination, surgery, radiotherapy / chemotherapy].



Clinical information / reason for imaging request

- HRT: Yes No
- Previous surgery: Benign Malignant
- Family history: Yes No
- Radiotherapy: Yes No
- Previous mammogram: Yes No

When: _____

Where: _____

4 Mammography / ultrasound request

Referrer / Consultant's Name: _____

Consultant's Signature: _____ Date: _____

Referred to:

Operator: _____ Practitioner: _____

Pharmaceutical prescription & Administration

Name:	Strength:	Dose / quantity:	Batch no. & Expiry date:	Drawn up by:	Checked by:

Prescribers signature: _____ Administered by: _____

Standard Operating Procedure: _____ **Other:** _____

Remarks: _____

Notes: _____

Number of images take: _____ **Signed:** _____ **Date:** _____

Disc in possession of: _____ **Signed:** _____ **Date:** _____

Signed: _____ Date: _____ Chaperone: _____

Consent form

I hereby consent to having further invasive imaging investigations carried out.

Signed: _____ Date: _____

Witnessed: _____ Date: _____

Medication: Aspirin Warafin

Further examination / investigation, authorised / justified by: _____

Operator / Practitioner