

Breast Imaging Request

Full Name:

DOB:

Sex:

Address:

Phone/Mobile:

Medicare No:

<AFFIX PATIENT IDENTIFICATION LABEL HERE>

Appointment Date & Time (NIV Use Only):

Interpreter required? ☐ Yes ☐ No

Language requested:

Category: ☐ OP ☐ ED ☐ IP

Patient Location: Unit: Bed:

For Breast Clinic Patients

Return to Clinic

Home

Request details

- | | | |
|---|-----------------------------|-----------------------------|
| <input type="checkbox"/> Mammography +/- Ultrasound | <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> Lymphoscintigraphy | <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> Procedure (please specify SIDE, ALL LESIONS +/- CLIP): | | |

Previous relevant breast imaging

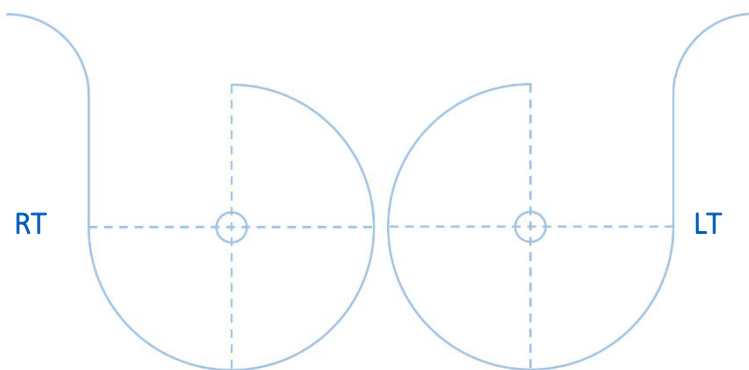
Mammo:/...../..... at

Ultrasound:/...../..... at

MRI:/...../..... at

Please contact us on (03) 8405 9600 if previous imaging was performed outside **Northern Health** so they may be sourced for comparison.

Clinical Notes



Requesting Practitioner (All fields **MUST** be completed)

Requestor: ☐ Consultant ☐ Registrar ☐ HMO ☐ Intern

Full name:

Provider no:

Contact/Pager #:

Treating Consultant:

Treating Unit/Specialty:

Signature:

Date:

Copy Results to:

Please contact our team on (03) 8405 9600 if you require digital access to images and results

Your doctor has recommended you to use **Northern Imaging Victoria**.
Please discuss with your doctor before choosing a different imaging provider.

Northern Hospital Epping 185 Cooper Street, Epping
Ph: (03) 8405 9600

Broadmeadows Hospital 35 Johnstone Street, Broadmeadows
Ph: (03) 8345 5707

Bundoora Centre 1231 Plenty Road, Bundoora
Ph: (03) 9495 3100 | **Inpatient services only**

Kilmore District Hospital 1 Anderson Road, Kilmore
Ph: (03) 5734 2146

Craigieburn Centre 121 Lygon Drive, Craigieburn
Opening the 29th of September 2025

| X-ray | Ultrasound | CT | MRI | Mammography | Nuclear Med. | PET/CT Scan | OPG | Fluoroscopy | Angiography |
|-------|------------|----|-----|-------------|--------------|-------------|-----|-------------|-------------|
| ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| ● | ● | ● | ● | | | | | | |
| ● | | | | | | | | | |
| ● | ● | ● | | | | | | | |
| ● | ● | ● | | | | | | | |

Diagnostic Imaging Use Only

Patient identification & procedure matching

☐ Full name ☐ D.O.B. ☐ Address

Correct examination: ☐ Y ☐ N

Correct side / site: ☐ Y ☐ N ☐ N/A

☐ Ward / Staff / Relative assisted with patient identification

The following processes were completed prior to commencing:

☐ Justification ☐ Optimisation ☐ Approval ☐ Consent

Name & Position:

Signature:

Patient Pregnancy & Breastfeeding Checklist

Pregnancy Status: ☐ Y ☐ N

Gestational age:

LMP:

Breastfeeding: ☐ Y ☐ N ☐ N/A

Patient signature:

Technologist notes