



**Please Fax or Email referral prior to appointment**

# **SYDNEY BREAST CLINIC REFERRAL / IMAGING REQUEST**

Level 12, 97-99 Bathurst St Sydney NSW 2000

Phone: 1300 65 30 65 | Fax: 02 9283 1158 | Email: info@sydneybreastclinic.com.au

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

## **Request for Breast Assessment**

- +/- Clinical Breast Examination
- +/- Mammography/ Tomography
- +/- Ultrasound
- +/- FNA/ Core Biopsies

### **Please tick one or more**

- previous breast cancer
- risk of breast cancer due to significant family history
- lump / lumpiness / thickening
- skin dimpling
- pain / discomfort
- nipple symptom: retraction/discharge/skin change/other
- short- term follow up of \_\_\_\_\_
- second opinion of \_\_\_\_\_
- other symptom/s or sign/s \_\_\_\_\_

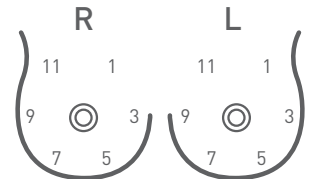
### Request for Bone Mineral Density Testing (BMD)

Available at any age with risk factors of osteoporosis

If patient is eligible for a Medicare rebate, please specify item number:

- Item 12306       Item 12320
- Item 12312       Item 12321
- Item 12315       Item 12322

**\* Clinical notes are mandatory for Medicare rebate**



**\* Clinical notes are required for Medicare rebate to be applied**

Clinical Notes\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Referring Doctor Details:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Provider No. \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



sydney breast clinic  
peace of mind

## ON THE DAY OF YOUR APPOINTMENT PLEASE:

- Bring this referral with you.
- Bring your most recent breast mammograms and ultrasounds.
- Please do not wear deodorant prior to your visit. Please bring it along with you to use after your visit.
- For your comfort, wear a two piece outfit, such as a skirt or trousers with a blouse or top.
- Please note your visit may take 4 hours or longer depending on individual cases.
- Fees are payable on the day - accepted payment methods: Cash, MasterCard, Visa, Amex or EFTPOS.

## PATIENT INFORMATION:

An appointment is essential for all services at the clinic.

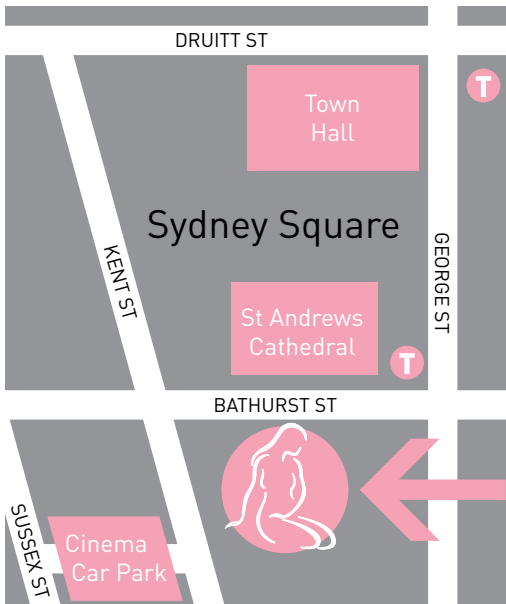
To make an appointment please phone:  
1300 65 30 65

### Your appointment details:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

*If you are unable to keep your appointment please provide 24 hours notice.  
(Cancellation fee may apply)*



## WHERE TO FIND US:

Level 12, 97-99 Bathurst Street,  
Sydney NSW 2000

**T** 1300 65 30 65

**F** 02 9283 1158

**W** [sydneybreastclinic.com.au](http://sydneybreastclinic.com.au)

**E** [info@sydneybreastclinic.com.au](mailto:info@sydneybreastclinic.com.au)

**APPOINTMENTS 1300 65 30 65**