



放射部 RADIOLOGY DEPARTMENT

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Radiology Request Form Breast Imaging and Intervention

Visit No.: _____ Dept.: _____
Name: _____ Sex/Age: _____
Doc. No.: _____ Adm. Date: _____
Attn. Dr.: _____
Patient No.: PN _____

*Please fill in /
affix patient's label*

Appointment Information

Appointment Date: _____
Appointment Time: _____

EXAMINATION / PROCEDURE

- Mammogram Only (*Left / Right / Both*) _____
- Mammogram with Ultrasound Package (*Left / Right / Both*) _____
- Ductogram (*Left / Right / Both*) _____
- Mammogram / Ultrasound guided Hookwire Localization (*Left / Right / Both*) _____
- Stereotactic / Ultrasound guided Mamotome (*Left / Right / Both*) _____
- Others _____

CLINICAL INFORMATION & MEDICAL HISTORY:

- Breast lump _____
- Bleeding / discharge from nipple _____
- Breast pain _____
- Change in breast or nipple shape _____
- Taking any drugs (estrogen / contraceptive pills) _____
- Breast surgery _____
- Other surgery _____
- Trauma _____
- Family history of cancer _____
- Others _____

REMARKS:

Skin Mass / Scar / Mole

RIGHT



LEFT



Doctor's Name & Signature: _____