



Radiology Request Breast Imaging and Intervention

放射部 RADIOLOGY DEPARTMENT
香港銅鑼灣東院道二號地庫一樓
LG1, No.2 Eastern Hospital Road, Causeway Bay, Hong Kong
電話 Tel: 2830-3786 / 2830-3796 傳真 Fax: 2837-5220
WhatsApp: 5795-2900



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: _____