The Royal Hospital for Women

Breast Services

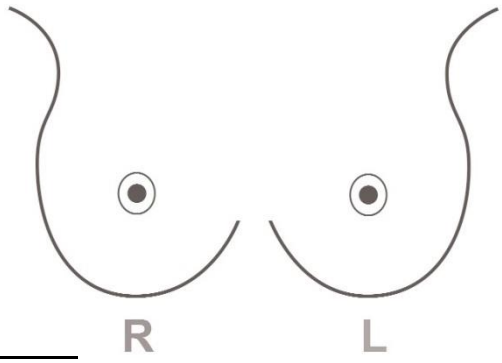
Royal Hospital for Women, Level 2, Barker Street, Randwick 2031
Ph: 02 9382 6610 Fax: 02 9382 6820
Email: SESLHD-RHWBreast@health.nsw.gov.au

Patient Details:

Family Name:	Given Name(s):	Date of Birth (DD/MM/YYYY):
Address:		Contact Number:
Requires Interpreter: Yes / No	Language:	

Mammogram Medicare Criteria:

☐ Breast symptoms or signs
☐ History of breast cancer
☐ 1st or 2nd degree relative with breast or ovarian cancer
☐ Clinical suspicion of malignancy on examination by medical practitioner



Please provide relevant clinical details:

_____

_____

_____

☐ Previous breast surgery or biopsies ☐ Breast implants ☐ HRT

☐ Please perform breast tomosynthesis mammography, ultrasound +/- biopsy as required. (Must meet Medicare criteria)

Patients are required to bring any previous breast imaging (mammogram, ultrasound, MRI & biopsy) results.

Referring Doctor:	Provider Number:	Phone:
Address:		Date:
Signature		