Odette Cancer Centre
Breast Rapid Diagnostic Unit (RDU) Fax-In Referral Form

Please **FAX** *form and documents to New Patient Booking Office (Breast Centre):*
Fax(416)480-4676

Date of Referral: _____

All patients referred to the breast RDU will receive a mammogram, an ultrasound, and if deemed necessary by a Sunnybrook Breast Imaging Radiologist, a core biopsy and/or a Fine Needle Aspiration (FNA) biopsy.

In the event that no biopsy is required, the patient will not be assigned to a Sunnybrook physician for their results. Any additional exams/follow-up suggested would be the responsibility of the referring physician to order.

Reason for Referral:

Patient has been informed of referral to Breast Rapid Diagnostic Unit? ☐ **Yes** ☐ **No**

Communication of Results and Subsequent Care (If Required):

☑ Option A (Recommended)	Patient diagnosis communicated by, and subsequent care managed by the **1st available Sunnybrook Breast Surgery Physician**
☐ Option B	Patient diagnosis communicated by, and subsequent care managed by the Sunnybrook Breast Surgeon specified below. NOTE: Delays may occur if the surgeon is not immediately available. ☐ Dr. Holloway ☐ Dr. Look Hong ☐ Dr. Wright
☐ Option C	Patient diagnosis communicated by, and subsequent care managed by the referring physician. NOTE: Clinical concordance will be the responsibility of the referring physician.

Patient Information:

Last Name:_____First Name:_____

OHIP#: _____ Version Code:_____ DOB(*D/M/Y*):____/____/_____

Sex: M / F Does patient speak English? ☐Yes ☐No (Please specify):_____

Address:_____City_____Postal Code_____

Home Phone:_____Business/Cell Phone:_____

Patient on blood thinners? ☐Yes ☐No (If yes, please specify below)

☐ASA/Asprin ☐Dalteparin/Fragmin ☐Heparin ☐Plavix ☐NSAIDs ☐Warfarin/Coumadin ☐:_____

Physician Information:

Referring Physician:_____Billing #:_____

Phone:_____ ext._____ Secure Fax #:_____

Supporting Documentation:

Patients with prior imaging will be given an appointment once Breast Imaging films, CDs and reports have been delivered to the Breast RDU.

Please also fax the following, if available:

1. Referral Letter H&P ☐
2. Mammogram Reports (last 5yrs) ☐
3. Breast Ultrasound Reports ☐
4. Breast Biopsy Reports ☐
5. Breast MRI Report ☐

Odette Cancer Centre
New Patient Booking Office (Breast Centre)
Fax #: (416) 480-4676 | Phone #: (416) 480-5000 ext.7938
Note: We will notify the referring doctor and the patient of the appointment.

Referring Physician's Signature:

_____

OCC OFFICE USE ONLY		OCC Reference:		SHSC Reference:	
1 RDU Booked:		Date Booked:		Time Booked:	
2 RDU Return:		Date Booked		Time Booked	
Clinic appointment called to:		☐ Referring Physician		☐ Patient	

Revised November 2014