

Breast Assessment Referral

IMMEDIATE RESPONSE REQUIRED-ABNORMAL BREAST IMAGING REPORT

To:	From:
Recipient Fax:	Sender Fax:
Recipients Phone:	Senders Phone:
Patient Name:	DOB:
Health Card #	Date:
Patient Home#	Patient Cell #

Your patient has a suspicious finding (BIRADS 4 & 5) on her/his breast imaging report sent with this document.

Please indicate how you would like to expedite the follow-up;

1. Direct to biopsy, follow-up with surgeon to review results.

Is patient taking antiplatelet, anti-inflammatory, or anticoagulation medication? Yes No

If yes, refer to following guidelines when counselling patients pre-biopsy:

- ASA/NSAIDS - may continue
- Other antiplatelet (e.g. Clopidogrel, Prasugrel, Ticagrelor) - may continue if single agent; hold antiplatelet 7 days if also on ASA
- Warfarin - hold 5 days
- Dabigatran - hold 48 hours
- Rivaroxaban, Edoxaban, Apixaban - hold 24 hours

2. A pre-biopsy surgical consultation is required.

Kindly indicate your preference:

- First available breast surgeon at Centenary Hospital
- First available breast surgeon at General/Birchmount Hospital
- Patient's previous breast surgeon _____
- Specified breast surgeon _____

The pathology results will be discussed by the breast surgeon with the patient; you will be copied on all reports.

Please check relevant boxes below and fax back this referral to the appropriate hospital.

- | | |
|--|--|
| <input type="checkbox"/> General and Birchmount Hospital
Fax: 416-284-3116
Tel: 416-284-8131 ext.5329
Contact: Assessment Secretary | <input type="checkbox"/> Centenary Hospital
Fax: 416-284-3116
Tel: 416-284-8131 ext. 5329
Contact: Assessment Secretary |
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If you have any questions or concerns, please contact:

- Heather Sleeth (General & Birchmount) at 416-438-2911 ext. 6614
- Michelle Jones (Centenary) at 416-284-8131 ext.5264

General and Birchmount hospital surgeons

- Dr. Winnie Leung
- Dr. Nadine Norman
- Dr. Sailaja Nallapaneni

Centenary hospital surgeons

- | | |
|---|---|
| <input type="checkbox"/> Dr. Thomas Anderson | <input type="checkbox"/> Dr. Tracey Asano |
| <input type="checkbox"/> Dr. How H Au | <input type="checkbox"/> Dr. Michael Chan |
| <input type="checkbox"/> Dr. Ulana Kawun | <input type="checkbox"/> Dr. Naresh Mohan |
| <input type="checkbox"/> Dr. Arvind Nanda | <input type="checkbox"/> Dr. Jason Wong |
| <input type="checkbox"/> Dr. Zaid J. Yasser Siger | |

Physician Signature: _____