



SWANA RADIOLOGY

Improving Your Health Through Technology.

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MAMMOGRAPHY REQUEST FORM

Contact: +267 396 0419 / +267 72 375 398

PLEASE BRING THIS FORM WITH YOU WHEN YOU ATTEND

All sections of this form must be fully completed

Appointment:

Date _____ Time _____

Referring Provider _____

Signature _____ HP _____

Report / Images to _____

Patient details:

Name _____

DOB _____

ID / Passport number _____

Sex **M** **F**

Pregnant Y N

LMP _____

PATIENT TO BRING PREVIOUS IMAGING

CODE	Tick	Exam
34100	<input type="checkbox"/>	MAMMOGRAPHY INCLUDING ULTRASOUND
34101	<input type="checkbox"/>	UNILATERAL MAMMOGRAPHY INCLUDING ULTRASOUND
34200	<input type="checkbox"/>	BREAST ULTRASOUND
34205	<input type="checkbox"/>	ULTRASOUND GUIDED FNA / TRU CUT BIOPSY OR LOCALIZATION OF THE BREAST

OTHER EXAMINATIONS:

CLINICAL INDICATION:

Referring provider's

Signature:

Date

/ /

