

Patient demographic label

## Fax-In Referral Form

Please FAX form and documents to: (905) 336-6491

Date of Referral \_\_\_\_\_

All patients referred to the Complete Breast Care Program may receive further imaging, a core biopsy and/or a Fine Needle Aspiration (FNA) biopsy as deemed appropriate by a Joseph Brant Hospital Breast Imaging Radiologist.

Referrals submitted with imaging done outside of JBH will undergo a review by one of the program's radiologists as indicated.

**Selection Required.**

I agree      I disagree

**REASON FOR REFERRAL**

Palpable area of concern (BIRADS 4 or 5)

Biopsy proven breast cancer

Suspicious lesion on imaging

Suspicious for inflammatory breast cancer

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient has been informed of referral to the Complete Breast Care Program      Yes      No

**Option A**      Patient diagnosis communicated by, and subsequent care managed by the 1st available  
(recommended)      JBH Breast Surgery Physician

**Option B**      Patient diagnosis communicated by, and subsequent care managed by the JBH Breast  
Surgeon specified below. **NOTE: This may delay patient's access to care. If surgeon is  
not available in a reasonable time period, 1st available surgeon will be assigned.**

Dr. J. Austin

Dr. S. Bacopulos

Dr. J. Rogers

**REFERRING PHYSICIAN INFORMATION**

Referring Physician: \_\_\_\_\_

Billing #: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

**Included:**

Referral Letter/H&P

Mammogram Reports (last 5 years)

Breast Ultrasound Reports

Breast Biopsy Reports

Breast MRI Report

CD of all breast imaging

*Note: We will notify the referring physician  
and the patient of the appointment.*

\_\_\_\_\_  
Referring Physician Signature

**If you do not have a response in 72 hours, please contact the Complete Breast Care Navigator  
at (905) 632-3737 ext 1339.**