



**HOSPITAL SULTAN ABDUL AZIZ SHAH  
UNIVERSITI PUTRA MALAYSIA  
Kod Dokumen: HSAAS/RADIO/BR62**

**BREAST IMAGING REQUEST FORM**

|  |   |  |
|--|---|--|
| <b>EXAMINATION REQUIRED</b>  | <input type="checkbox"/> <b>MAMMOGRAM</b> | <input type="checkbox"/> <b>BREAST ULTRASOUND</b>                          |
| (Kindly stick patient sticker)   | Age :                                     | Status <input type="checkbox"/> Single<br><input type="checkbox"/> Married |
| Name :   | Menarche Age :                            | No. Of Children:   |
| Registration No :  | Menopause Age :                           | Contact No. :  |
| Identity Card No :   | LMP Date :                                | Date :   |
| Age :  |   |  |
| Examination Priority<br><input type="checkbox"/> URGENT <input type="checkbox"/> ROUTINE |   |  |

| REASONS FOR EXAMINATION       |                                |      |
|-------------------------------|--------------------------------|------|
|                               | Please tick / which applicable |      |
|                               | Right                          | Left |
| 1. Screening / Asymptomatic   |                                |      |
| 2. Diagnostic/ Symptomatic    |                                |      |
| a. Lump in breast             |                                |      |
| b. Nipple discharge           |                                |      |
| c. Nipple retraction          |                                |      |
| d. Discomfort/Tenderness/Pain |                                |      |
| e. Skin changes               |                                |      |
| f. Axillary nodes swelling    |                                |      |

| RADIOLOGY USE ONLY     |
|------------------------|
| <b>Appointment</b>     |
| Date :                 |
| Time :                 |
| Vetting Specialist/MO: |
| Scheduled by           |
| Date                   |

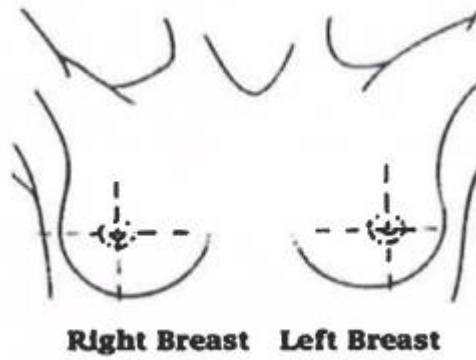
| RELEVANT PERSONAL HISTORY                    | Yes | No | Remarks |
|--|-----|----|---------|
| a. Personal history of breast cancer         |     |    |         |
| b. First degree relatives with breast cancer |     |    |         |
| c. Previous breast surgery/trauma            |     |    |         |
| d. HRT                                       |     |    |         |
| e. Axillary nodes swelling                   |     |    |         |
| f. Birth control pill                        |     |    |         |
| g. Breastfed children                        |     |    |         |
| h. Any previous mammogram/ultrasound breast  |     |    |         |

Clinical Findings:

**Right Breast    Left Breast**

Requesting Clinician  
(signature & name stamp)

Radiographer Findings:



Scar : \_\_\_\_\_

Mole : \_\_\_\_\_

Lumps : \_\_\_\_\_

Nipple Retraction : \_\_\_\_\_

Radiographer : \_\_\_\_\_

|            |   |     |      |
|------------|---|-----|------|
| View Taken | : | KV: | mAs: |
|------------|---|-----|------|

### MAMMOGRAM / ULTRASOUND BREAST REPORT

Radiologist  
(signature & name stamp)