



NSW Women's Breast Centre

Royal Hospital for Women
Barker Street, Randwick 2031

Tel - 02 9382 6610 Fax - 02 9382 6820

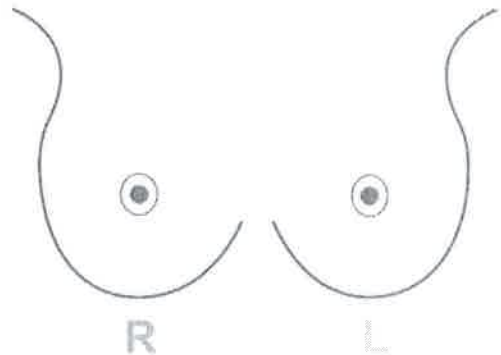
Email: seslhd-nsw-womensbreastcentre@health.nsw.gov.au

Patient's name: _____ Date of birth: ____ / ____ / ____

Address: _____ Contacts: _____

Clinical details:

- Family history of breast cancer
- Past history of breast cancer
- NEW** Breast symptom
- Clinical suspicion of malignancy
- Other _____



Please perform breast tomosynthesis mammography, ultrasound +/- biopsy as required.

Patients are required to bring any previous mammograms, ultrasounds and Medicare card.

Referring Doctor: _____ Provider number: _____

Address: _____ Date: _____

Phone: _____

Signature: _____