The Wesley Breast Clinic

The Wesley HOSPITAL

SPECIALIST REFERRAL
For Breast Assessment and Imaging/Investigations

Date of surgeon review appointment: / /

The diagnostic imaging services (DIS) requested in this form can be taken to a diagnostic imaging provider of the patient's choice.

Patient Details

Name: DOB: Medicare number:

Address:

Email: Contact number:

Referral for breast imaging (✓select to indicate)

- ☐ Mammography/ Tomography — ☐ Right ☐ Left ☐ Bilateral
- ☐ Contrast enhanced mammography (CEM) — ☐ Right ☐ Left ☐ Bilateral
- ☐ Ultrasound — ☐ Right ☐ Left ☐ Bilateral
- ☐ Core biopsy
- ☐ Breast cancer risk assessment

IV Contrast ALERT

Referrer to complete for contrast enhanced mammography

Diabetes metformin treatment? ☐ Yes ☐ No

Contrast allergy? ☐ Yes ☐ No

Renal impairment? ☐ Yes ☐ No

Creatinine level:

eGFR:

Date: / /

Pregnant? ☐ Yes ☐ No

Procedure (✓select to indicate)

☐ Right ☐ Left

- ☐ Fine needle biopsy
- ☐ Core biopsy
- ☐ Contrast enhanced mammography
- ☐ Vacuum assisted biopsy (Stereotactic/Tomo)
- ☐ MRI biopsy
- ☐ Marker clip

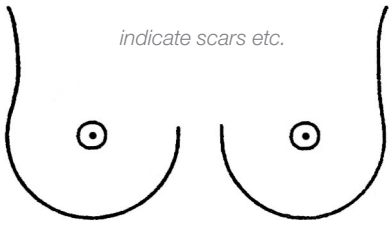
Please select ✓ one or more:

☐ Previous breast cancer ☐ Right ☐ Left

Type: ☐ IDC ☐ DCIS ☐ ILC ☐ Other:

Date: / / Size:

- ☐ Neoadjuvant chemotherapy
- ☐ Conservative surgery
- ☐ Hormonal therapy
- ☐ Reconstructive surgery
- ☐ Previous benign breast surgery
- ☐ Other symptom(s) or sign(s):
- ☐ Breast implants
- ☐ Breast reduction surgery
- ☐ Mastectomy
- ☐ Chemotherapy
- ☐ Radiotherapy
- ☐ Marker clips



Pre-Operative localisation and specimen imaging

(✓select to indicate)

☐ Right ☐ Left

- ☐ Savi scout
- ☐ Hookwire
- ☐ Stx or tomo
- ☐ US & site:
- ☐ Other:
- ☐ Specimen imaging

Date of surgery: / /

Clinical notes & current concerns:

Clinical notes are required for Medicare rebate to be applied (where relevant)

Please turn over and complete page 2

Allergies

Current medications

Previous imaging:

Referring Doctor Details

Name: Provider number: Date of referral: / /

Address:

Phone: Email:

Fax: Signature:

Your Next Appointment

At am/pm on

Should your symptoms alter significantly or you are worried about the timing of your appointment please consult your referring Doctor who will contact the Wesley Breast Clinic (the Clinic) if a more urgent appointment is required.

Information for your visit to the Clinic ...

General Information

- Please ring us if you have any enquiries; if you wish to change your appointment; or if you are unable to attend.
- Please inform us prior to your appointment if you have had previous breast imaging elsewhere.
- Please do not wear cream or talcum powder on your breast area. You may wear non-aerosol deodorant.
- Please avoid wearing perfume.
- It is a good idea to wear separates.
- Your visit will probably involve some waiting so you may like to bring something to help occupy your time.
- As we are a comprehensive Breast Imaging clinic you may be here for up to 4 hours.

To Make an Appointment at the Clinic

Telephone: 07 3232 7202 between 8.30am and 5.00pm Monday to Friday

Fax: 07 3217 8840

Email: wesleybreastclinic@uchealth.com.au

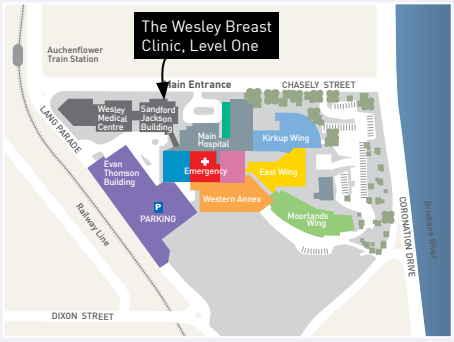
wesley.com.au

Clinic Details

Location: Level 1, The Sandford Jackson Building
The Wesley Hospital
Cnr Coronation Drive & Chasely Street,
Auchenflower Qld 4066
(Adjacent to Auchenflower railway station, parking also available at The Wesley)

Postal Address: PO Box 499, Toowong Qld 4066

Email: wesleybreastclinic@uchealth.com.au



V1 July 2026