

PRESS FIRMLY TO ENSURE LEGIBILITY

DATE (YYYYMMDD)	SCREENING EXAM DATE (YYYYMMDD)	PATIENT NAME LAST	PATIENT NAME FIRST	SEX (F M X)
SCREENING CENTRE NAME	PHN	DATE OF BIRTH (YYYYMMDD)		
PRIMARY PROVIDER (MSC)	PRIMARY PROVIDER LAST, FIRST			

COMPLETE AND FAX THIS PAGE TO THE PRIMARY CARE PROVIDER

SECTION A: REASON FOR INCOMPLETE EXAM

Incomplete Exam is defined to be when a screening exam was unable to be performed on patient due to factors affecting imaging.

Select all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Medical Reason / Patient Condition | <input type="checkbox"/> Patient Did Not Return For Repeat Images |
| <input type="checkbox"/> Patient Declined | <input type="checkbox"/> Patient Requires Referral for Diagnostic Mammogram |
| <input type="checkbox"/> Other (Please specify): | |

SECTION B: NOTES TO PRIMARY CARE PROVIDER

Incomplete Exam Outcome:

- ☐ Incomplete exam result is otherwise normal (no abnormality seen) - no report will be issued.
- ☐ Incomplete exam, but abnormality demonstrated on available image(s) - report and Fast Track referral will be sent.

Additional radiologist notes:

*Copy of this page faxed to primary care provider on:

DATE (YYYYMMDD)

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SCREENING CENTRE NAME	PHN	DATE OF BIRTH (YYYYMMDD)		
PRIMARY PROVIDER (MSC)	PRIMARY PROVIDER LAST, FIRST			REFERENCE NUMBER

For office use only:

SECTION C: UNUSUAL OCCURENCE DETAILS

COMPLETE PAGES 1 AND 2 AND FAX TO SCREENING CLIENT SERVICES: 604-877-6113

Indicate inadequate/compromised image(s):

- | | |
|------------------------------|-------------------------------|
| <input type="checkbox"/> RCC | <input type="checkbox"/> RMLO |
| <input type="checkbox"/> LCC | <input type="checkbox"/> LMLO |

Screening Exam Action*:

- ☐ Patient Returning - Patient has been scheduled at a future date for imaging to be completed
- ☐ Patient Not Proceeding - Referral Update Form completed and sent

Description of occurrence leading to incomplete exam:

Include sequence of events and all relevant details.

Completed By

Signature

*All steps must be followed according to Policy SB 090 including notifying Primary Care Provider and Screening Client Services