

# SCREENING MAMMOGRAM APPOINTMENT REQUEST FORM

**PLEASE READ:**

- 1- Most clients call BreastCheck to make their own screening mammogram appointments.
  - 2- Clinicians are invited to complete this appointment request form when the client is:
    - ✓ unlikely to call BreastCheck to make their own screening mammogram appointment, and
    - ✓ eligible for breast cancer screening.\*
- \***Eligible** refers to clients age 50-74 due for screening mammography who have no breast problems, no personal history of breast cancer and no breast implants.

HEALTHCARE PROVIDER NAME	TODAY'S DATE	
CLINIC NAME	CLINIC PH#	CLINIC FAX#
CLINIC ADDRESS	TOWN/CITY	POSTAL CODE

✓ **The client listed below has consented for BreastCheck to contact them to book an appointment for a screening mammogram.**

FIRST NAME	LAST NAME	MIDDLE INITIAL
HOME ADDRESS	CITY/TOWN	POSTAL CODE
DATE OF BIRTH	MHSC#:	PHIN
CELL PH#	WORK PH#	HOME PH#

**NEXT STEPS:**

1. Fax to BreastCheck at 204-788-1594 to the attention of "Booking Clerk."
2. BreastCheck will contact the client by phone within 5 business days of receiving this request.
  - a. **Appointment scheduled** – BreastCheck will forward the results to the patient and provider within 2 weeks from the screening mammogram date. If further tests are required after the screening mammogram, BreastCheck will arrange the next appointment and notify the patient and provider.
  - b. **Appointment not scheduled** – BreastCheck will fax the referring provider with an explanation and further directions.

INTERNAL USE	VM 1	VM 2	VM 3	APPT DATE
DATE			<input type="checkbox"/> CLIENT DECLINED	<input type="checkbox"/> NOT ELIGIBLE
INITIALS				



P: 1-855-95-CHECK | F: 204-788-1594  
E: GetChecked@cancercare.mb.ca  
**GetCheckedManitoba.ca**