

BREAST Requisition to PET Centre
TO BE COMPLETED BY THE REFERRING PHYSICIAN

Referring Physician Name: _____		
Physician Phone: () _____	ext. _____	Fax: () _____
CPSO No: _____		
Patient Name: _____		
SURNAME	FIRST NAME	MIDDLE
OHIP Number: _____		
Telephone: () _____		Postal Code: _____
Date of birth: / /		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
YYYY	MM	DD

Fax Instructions

Please fax the completed request form, along with the required supporting documentation to the PET Centre of choice for appointment.

	Fax no.
• Hamilton – McMaster University Medical Centre	(905) 521-2358
• Hamilton – St. Joseph's Healthcare Hamilton	(905) 308-7215
• Ottawa – Ottawa General	(613) 737-8752
• Windsor – Windsor Regional Hospital	(519) 254-4759
• London – St. Joseph's Health Care London	(519) 646-6135
• Mississauga – KMH Cardiology Centres Inc.	(905) 855-1863
• Mississauga – MyHealth Centre	(800) 416-9840
• Sudbury – Health Sciences North	(705) 671-7384
• Toronto – Princess Margaret Cancer Centre	(416) 946-2144
• Toronto – Sunnybrook Health Sciences Centre	(416) 480-5218
• Toronto – Hospital for Sick Children	(416) 813-6043
• Thunder Bay – Regional Health Sciences Centre	(807) 684-5907

LOCALLY ADVANCED BREAST CANCER (INITIAL STAGING) – PET for the staging of patients with histologically confirmed clinical stage IIb or stage III breast cancer being considered for curative intent combined modality treatment (surgical resection, chemotherapy, radiotherapy)
(for patients with T2N1 disease, or equivocal findings on conventional work-up for stage III or stage IV disease, apply for a PET scan through the PET Access Program).

Select clinical TNM stage (choose 1):

Stage IIb: T3N0

Stage III: T0N2 T1N2 T2N2 T3N1 T3N2 T4

Other information regarding eligibility: _____

Attach the relevant diagnostic imaging reports; and provide images to the PET Centre.

Physician Signature: _____ **Date:** _____