

## **Contrast Enhanced Mammogram eReferral Form**

Patient Name

Date of Birth NHI

Address

Phone Number

## Please tick the indications

Personal History of Breast Cancer

High Risk for Breast Cancer

High risk due to family history

Other- Please note below

Please note the contra-indications for iodinated contrast injection:

- Prior allergic reaction to CT contrast
- Diabetes
- Renal Disease
- CHF
- Hyperthyroidism
- Multiple myleoma
- Mysathenia gravis

## **Additional Notes**

## **Referring Physician Information**

Name

**Medical Centre** 

Signature

How would you like to receive your patient's results?

Email EDI Fax

Tel: Email: Web:

**Healthlink EDI:** 

0800 848 844 info@mammogram.co.nz www.mammogram.co.nz breastnz 583 High Street Lower Hutt Wellington 5010