



Breast Institute
New Zealand



Patient eReferral Form

Patient Name

Date of Birth

NHI

Address

Phone Number

Please tick the examination required

Mammogram +/- Ultrasound

Mammogram +/- Ultrasound +/- Biopsy

Biopsy

Screening Ultrasound for Dense Breasts

Breast Cancer Risk Assessment

Contrast Enhanced Mammogram

Please tick the indications

Screening

Lump

Breast Pain

Nipple Changes

Nipple Discharge

Breast Skin Changes

Other

Referring Physician Information

Name

Medical
Centre

Signature

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

Our Portal

Email

Healthlink

Post

Tel:

0800 848 844

Email:

info@mammogram.co.nz

Web:

www.mammogram.co.nz

Healthlink EDI:

breastnz

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