



PHONE: (905) 857-0779
FAX: 905-857-8177
170 MCEWAN DR E,
BOLTON, ON L7E 4C8

Imaging Request Consent Form

Location: _____

Telephone Number: _____

Fax Number: _____

Date Requested: _____

Patients Name: _____

Patients Signature: _____

Health Card: _____

Exam: _____

Please provide the previous mammogram and/or breast ultrasound images for the above patient.

Thank-You.