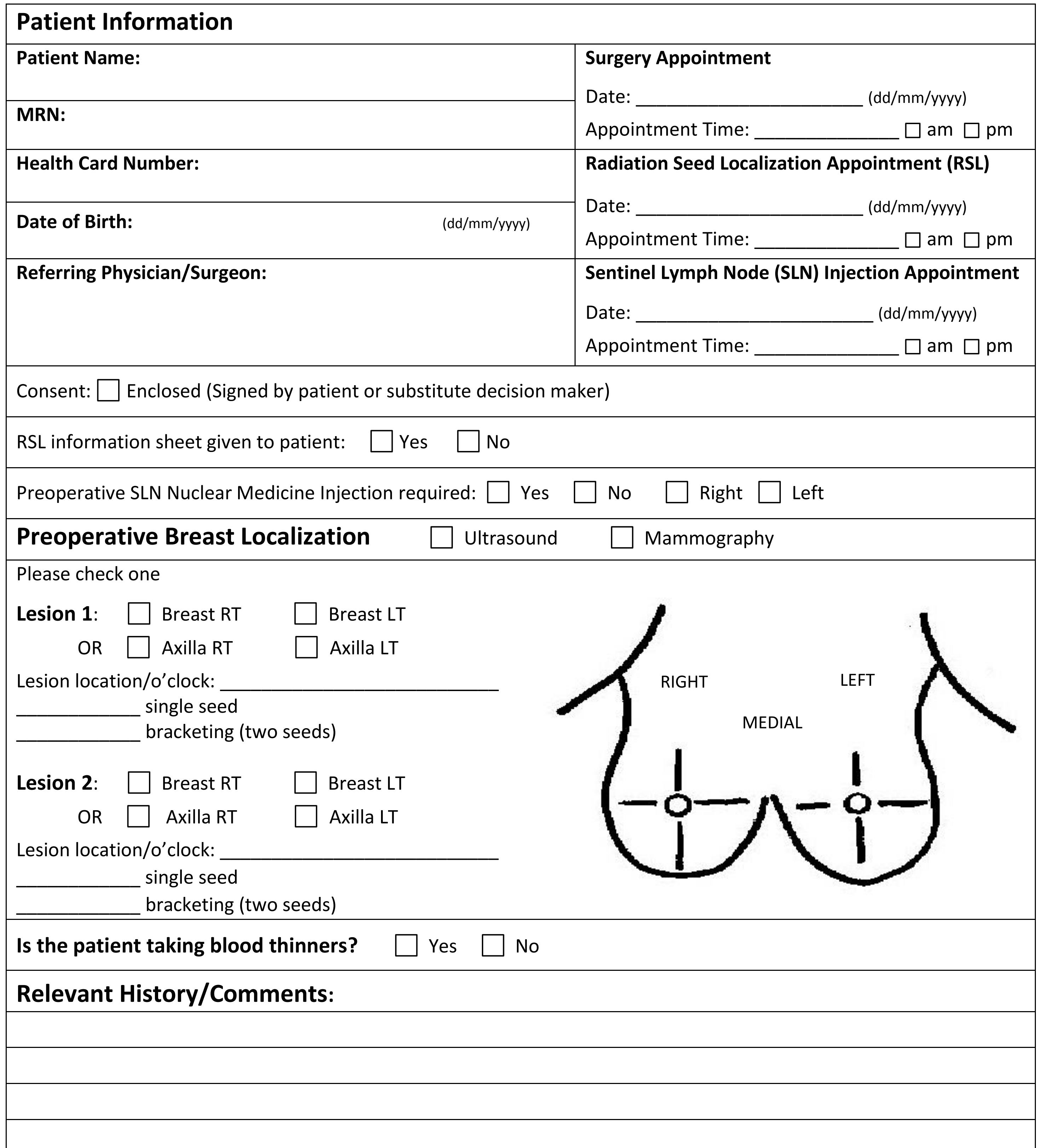
Mackenzie Health

Mackenzie Richmond Hill Hospital
10 Trench Street
Richmond Hill, Ontario
L4C 4Z3

Preoperative Breast Localization Booking

Patient Label here



Patient Information

Patient Name:	**Surgery Appointment** Date: ______________________ (dd/mm/yyyy) Appointment Time: ______________ ☐ am ☐ pm
MRN:	
Health Card Number:	**Radiation Seed Localization Appointment (RSL)** Date: ______________________ (dd/mm/yyyy) Appointment Time: ______________ ☐ am ☐ pm
Date of Birth: (dd/mm/yyyy)	
Referring Physician/Surgeon:	**Sentinel Lymph Node (SLN) Injection Appointment** Date: ______________________ (dd/mm/yyyy) Appointment Time: ______________ ☐ am ☐ pm

Consent: ☐ Enclosed (Signed by patient or substitute decision maker)

RSL information sheet given to patient: ☐ Yes ☐ No

Preoperative SLN Nuclear Medicine Injection required: ☐ Yes ☐ No ☐ Right ☐ Left

Preoperative Breast Localization ☐ Ultrasound ☐ Mammography

Please check one

Lesion 1: ☐ Breast RT ☐ Breast LT
OR ☐ Axilla RT ☐ Axilla LT

Lesion location/o'clock: ____________________________

____________ single seed

____________ bracketing (two seeds)

Lesion 2: ☐ Breast RT ☐ Breast LT
OR ☐ Axilla RT ☐ Axilla LT

Lesion location/o'clock: ____________________________

____________ single seed

____________ bracketing (two seeds)

Is the patient taking blood thinners? ☐ Yes ☐ No

Relevant History/Comments: