

**RAPID ACCESS PATIENT APPOINTMENT FORM**

**The Breast Centre at St Vincent's Private Hospital East Melbourne**  
Suite 92, Level 9, 166 Gipps Street, East Melbourne VIC 3002  
Tel: 9928 6261 Fax: 9928 6260

**Please note: We are only able to offer our rapid access patient appointment booking service to women with a confirmed or strongly suspected diagnosis of breast cancer**

TITLE: Mrs  Miss  Ms  Dr  Mr  Other (Specify)

GIVEN NAME:

SURNAME:

HOME ADDRESS:

CONTACT DETAILS:

TELEPHONE: Home

Mobile:

Private Health Insurance Fund:

DOB:  AGE:

**Do you have?**

Needle Biopsy Confirmed Breast Cancer

OR

Suspected Breast Cancer on Imaging (Mammogram/Ultrasound)

**Where was your breast imaging performed?**

Breastscreen

Other - please specify imaging firm eg MIA \_\_\_\_\_

**Please fax this form and all imaging and pathology reports to 9928 6260 and a member of staff will contact you immediately to schedule an appointment, or if you prefer you may ring on 9928 6261 and discuss the form with our staff.**