

**RAPID ACCESS PATIENT APPOINTMENT FORM**

**EPWORTH BREAST SERVICE**

Suite 7.8, Level 7, 32 Erin Street, Richmond 3121

Tel: 9421 4218 Fax: 9421 5148

**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 9421 5148 and a member of staff will contact you immediately to schedule an appointment, or if you prefer you may ring on 9421 4218 and discuss the form with our staff.**