

REFERRAL CHEAT SHEET

Halton Breast Diagnostic Assessment Program

REFERRAL CRITERIA

Men or women with abnormal imaging needing a biopsy.

Men or women with bloody nipple discharge.

Confirmed diagnosis of breast cancer that requires surgery.

REFERRAL REQUEST

Requisition for biopsy, as well as all related breast images and reports from prior two years.

Physician Action Required

REFERRAL PROCESS

When a patient has abnormal breast imaging reported as BIRADS 4 or 5, a letter with report is sent to referring physician.

Physician Action Required

Referring physician sends in requisition for biopsy.

Requisition triaged by patient navigator, and referral into DAP is faxed to referring physician, once biopsy is booked.

Referring physician informs patient of biopsy appointment and DAP referral.

Halton Breast DAP: 905-878-2383 ext. 5208