[I - Reg. 11-6-12 - B.S. 24-1-13 - art. 2] Annex 82 applicable as of 1-3-2013

Application form for a medical imaging examination (art. 17 and 17bis NGV)

One request form per clinical question is required.

Identification of patient (fill out or V.I. strip)

Name: First name(s)

Date of birth:

Gender: Male Female Other

Relevant clinical information

Diagnostic question

Mandatory in case of request for Mammography and/or ultrasound at Radiology Department, campus Gasthuisberg UZ Leuven (only 1 option is possible).

Diagnostic question.

* Palpable lesion or other clinical complaints (pain, abscess, nipple discharge,...)
* Investigation after abnormal screening exam

Follow-up

* Annual follow-up after breastcancer therapy (<10y after last treatment)
* (Two-)annual follow-up after breastcancer therapy (>10y after last treatment)
* Follow-up B2 or B3 lesion
* Short-term follow-up axillary lymph nodes

Screening

* High-risk screening (genetic/family risk, increased breast cancer risk (IBIS calculator))
  + exclusion of history of
  + breast cancer treatment
* Population based breast cancer screening Belgium (between 50-69y)
* Opportunistic screening

Other specify:

Relevant additional information

Allergy Diabetes Renal insufficiency Pregnancy Implant

Other:

Proposed research

Afbeelding met schermopname, Graphics, Lettertype, wit

Door AI gegenereerde inhoud is mogelijk onjuist.

Previous relevant examination(s) related to the diagnostic question.

CT MR RX Ultrasound Other: Unknown

Stamp prescriber indicating surname, first name, address and RIZIV number.

Date :

Signature :

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