

Breast Screening is for asymptomatic, eligible participants. Please refer to the reverse side for your screening frequency. It is recommended that individuals discuss the benefits and limitations of screening mammography with their health care provider.

Breast Screening Participants: How to Book Your Mammogram

Book directly with a Screening Centre below or call Client Services at: 1-800-663-9203 for other locations, including communities visited by the mobile mammography service.

Abbotsford	604-851-4750	North Vancouver	604-903-3860
Burnaby	604-436-0691	Penticton	250-770-7573
Coquitlam	604-927-2130	Prince George	250-645-6654
Courtenay	250-331-5949	Richmond	604-244-5505
Kamloops	250-828-4916	Surrey	604-582-4592
Kelowna	250-861-7560	Vernon	250-549-5451
Langley	604-514-6044	White Rock	604-535-4512
Nanaimo	250-716-5904		

Vancouver

505-750 West Broadway	604-879-8700
5752 Victoria Drive	604-321-6770
BC Women's Health Centre	604-775-0022
Mount St Joseph Hospital	604-877-8388

Victoria

305 - 1990 Fort Street	250-952-4232
Victoria General Hospital	250-727-4338

Other Locations:

Visit: screeningbc.ca/clinic-locator

Client Services hours: Monday to Friday 8:00AM - 5:30PM and Saturday 8:30AM - 4:30PM.

Please have your BC Services Card/CareCard and the name of your current health care provider when calling to book your appointment. If you have accessibility needs, please advise so we may book the correct amount of time and ensure that your needs can be met.

For Your Appointment - Know Before You Go

Please bring your BC Services Card and photo ID. Wear a two-piece outfit. Don't wear deodorant, powder or perfume. Arrive early. Visit screeningbc.ca/breast for more information.

Health Care Provider: How to Refer High-Risk Patients and/or Patients < 40 yo

If your patient:

- is between the ages of 30-39; and/or,
- has never participated in the Breast Screening program; and,
- is considered High Risk

Then please complete this initial referral for your patient to present at their appointment. Refer to reverse side for further details.

Patient Name: _____

Date of Birth: _____ **PHN/BC Services Card/CareCard #:** _____

Pathogenic gene variant name, if known: _____

Refer to www.bccancer.bc.ca/hereditary for gene variants recognized by the Hereditary Cancer Program.

Very strong family history

Thoracic radiation between ages 10-30

Health Care Provider Name: _____ **MSP #:** _____

Signature: _____

Please select the appropriate breast screening plan for your patient on the reverse side.

My Breast Screening Plan				
✓	Age Range	Your Estimated Risk Level	Risk Detail(s)	Screening Frequency ¹
	40-74	Average		Every 2 years
	40-74	Higher than average	At least one of the following: <ul style="list-style-type: none"> • 1st degree relative with breast cancer • Known diagnosis of ADH, ALH or LCIS² 	Every year
	30 ³ -74	High	At least one of the following: <ul style="list-style-type: none"> • Pathogenic gene variant • Very strong family history⁴ • Thoracic (chest) radiation between age 10-30⁵ 	Every year
	75+ ⁶	Any	Any	Every 2-3 years

¹ Breast Screening Program sends reminder notices when participants are due for their next screening exam. It is important to keep your contact and provider information up to date to receive program communications in a timely manner.

² Health care provider must send a diagnostic referral directly to a medical imaging facility indicating this diagnosis, as outlined in the [Higher Risk Surveillance Provider Fact Sheet](#).

³ A participant with an estimated risk of High between the ages of 30-39 requires an initial referral to the Breast Screening Program. Health care provider must complete the information on the front and participant must provide the details at booking and present slip at time of initial exam. No future referrals are required once initial exam takes place.

^{4a} 2 cases of breast cancer in close female relatives (mother, sister, daughter, aunt, grandmother, or great-aunt) on the same side of the family, both diagnosed before age 50; or,

^{4b} 3 or more cases of breast cancer in close female relatives on the same side of the family, with at least one diagnosed before age 50.

⁵ Typically refers to radiation therapy for pediatric and adolescent cancers.

⁶ Reminders will no longer be sent once a participant turns 75 as it is encouraged they speak with their health care provider to confirm their breast screening plans before continuing to be a participant with the Breast Screening Program.

Make an informed decision about breast screening.
 Visit www.screeningbc.ca/breast or scan the following
 QR code for more information.

