

## 预约乳腺筛查

### 分步说明

也有其他语言版本。

### 找到您的预约码

1. 您可以在卑诗省癌症中心（BC Cancer）发给您的乳腺筛查信函中找到预约码（见下图）。

Book your Free Breast Screening Appointment	
<b>To book online:</b> Scan the following QR code or visit: <a href="http://www.screeningbc.ca/bookbreastscreening">www.screeningbc.ca/bookbreastscreening</a>	<b>Your booking code:</b> <b>ABC-1234</b>
<b>To book by phone please call: 1-800-663-9203</b> Monday to Friday: 8 am – 5:30 pm, Saturday: 8:30 am – 4:30 pm	

### 输入您的预约码

2. 如图所示，在网站上输入您的预约码。
3. 输入预约码后，勾选“**I'm not a robot**”（我不是机器人）选项框进行身份验证。
4. 完成后，单击紫色的“**Go to Booking**”（开始预约）按钮进入下一页。

## Book Your Breast Screening Appointment

To get started, please enter the Booking Code provided in your letter from BC Cancer Screening.

**My Booking Code:**

 ←

Please call [Client Services](#) if you do not have a Booking Code or need assistance booking your appointment.

[Get step-by-step instructions](#) (translations available)

 I'm not a robot  ←

Go to Booking

 ←

## 确认您的资格 - 第1部分

5. 选择所有适用于您的选项，然后单击“Submit”（提交）。



[Start or View your Booking](#) | [FAQ](#) | [Contact Us](#)

### Confirm Your Eligibility - Part 1



Eligibility



Address



Provider



Appointment



Review



Finish

Select all that apply to you and press Submit:

Note: We will not keep a record of your selection unless you indicate you would like us to update your information.

I have had breast cancer

I have had a total mastectomy (both breasts removed)

I have breast implants

I have had a mammogram on both breasts in the last 12 months outside of the Breast Screening Program

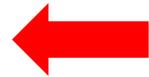
I have breast health concerns such as breast lumps or nipple discharge

I am pregnant or have breastfed or chestfed in the last 3 months

I have had breast surgery in the last 3 months

None of the above

请选择适用于您的选项。

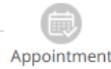


Submit



6. 若选择“None of the above”（以上皆不符合），您将进入下一页。若选择前三个选项中的任意一项，则可选择更新乳腺筛查记录并停止接收提醒。若选择其余选项，您将会收到筛查状态的通知。

## Confirm Your Eligibility - Part 1



Select all that apply to you and press Submit:

Note: We will not keep a record of your selection unless you indicate you would like us to update your information.

I have had breast cancer

Breast screening is not recommended. Please speak to a health care provider about other options.

Update your Breast Screening record and stop receiving reminder notices

I have had a total mastectomy (both breasts removed)

Breast screening is not recommended. Please speak to a health care provider about other options.

Update your Breast Screening record and stop receiving reminder notices

I have breast implants

I have had a mammogram on both breasts in the last 12 months outside of the Breast Screening Program

I have breast health concerns such as breast lumps or nipple discharge

I am pregnant or have breastfed or chestfed in the last 3 months

I have had breast surgery in the last 3 months

None of the above

Submit

If you don't live in BC you are not eligible to book an appointment.

7. 若选择 “I have had a mammogram on both breasts in the last 12 months outside of the Breast Screening Program”（我过去12个月内曾在乳腺筛查项目之外接受过双侧乳房X光检查），请输入您上次乳房 X 光检查的日期。

## Confirm Your Eligibility - Part 1



Eligibility



Address



Provider



Appointment



Review



Finish

Select all that apply to you and press Submit:

Note: We will not keep a record of your selection unless you indicate you would like us to update your information.

I have had breast cancer

I have had a total mastectomy (both breasts removed)

I have breast implants

I have had a mammogram on both breasts in the last 12 months outside of the Breast Screening Program

Breast screening is not recommended at this time, as having more than one mammogram per year involves certain risks.

Date of your last mammogram on both breasts:

Month & Year\*

Used to update your record and send reminder notice when you're due

If you are under 75 when you are due to screen, a new notice will be sent. If you are over 75 when due, you will not receive a notice for screening. You are encouraged to speak with a health care provider at that time about your options. If they recommend it, you can call 1-800-663-9203 to book an appointment every two to three years

I have breast health concerns such as breast lumps or nipple discharge

I am pregnant or have breastfed or chestfed in the last 3 months

I have had breast surgery in the last 3 months

None of the above

Submit

If you don't live in BC you are not eligible to book an appointment.

请输入您上次乳房 X 光检查的日期。

## 确认您的资格 - 第2部分

8. 选择所有适用于您的选项，然后点击“Submit”（提交）。

### Confirm Your Eligibility - Part 2

Eligibility — Address — Provider — Appointment — Review — Finish

Select all that apply to you and press Submit:

Note: We will not keep a record of your selection unless you indicate you would like us to update your information.

- I DO NOT have a primary care provider (e.g. family doctor, nurse practitioner, clinic, naturopath) to receive my results
- I am a person who uses a wheelchair
- I can't raise my arm on my own
- I can't stand unassisted for extended periods
- I need other assistance or support during my appointment
- I am a person with hearing loss
- I am a person with a visual impairment
- I need an interpreter during my appointment
- None of the above

Submit

请选择适用于您的选项。

9. 如果您选择“I need an interpreter during my appointment”（我在检查期间需要翻译），请选择您的首选语言。如果您的首选语言未列出，请选择“Other”（其他），然后在文本框中输入您希望使用的语言。

I need an interpreter during my appointment

Preferred Language\*  If Other Language, please specify

Used to update your record.

None of the above

Submit

请选择您的首选语言。

## 确认您的联系方式

10. 输入或核对您的个人信息，包括您的“姓名”、“邮寄地址”、“电话号码”和“电子邮件”，然后单击“Continue”（继续）按钮。

### Confirm Your Contact Information

Eligibility — Address — Provider — Appointment — Review — Finish

We use this information to communicate with you about your screening appointment

**Name**  
Name on your Driver's License or BC ID used to find your health record.  
**Legal Last Name**  
TESTPAT LN BREASTPORTAL  
**Legal First Name**  
TESTFN PRIMO!  
If your name is incorrect, please contact the [Ministry of Health](#) to update your name with them.  
**Preferred First Name (optional)**  
SALLY  
Name you would like us to use when we contact you, including phone and mail  
**Booker's Name (optional)**  
Enter your name if booking for the person listed above

**Mailing Address**  
**Mailing Address Line 1\***  
123 Main Street  
**Mailing Address Line 2 (optional)**  
City\*  
Vancouver  
Province  
BC  
**Postal Code\***  
V5Z 1H1

**Phone**  
You must provide at least one phone number  
**Home Phone**  
(444) 444-4444  
**Mobile Phone**  
(555) 555-5555  
Required if you want the option to get a text reminder 2 days before your appointment.  
**Text Reminder\***  
Would you like a text reminder sent to your mobile phone 2 days before your appointment?  
Yes

**Email**  
Update your email address  
**Email\***  
example@example.com

Continue

## 提供您的初级保健提供者信息

11. 接下来，我们会询问您目前是否有固定的初级保健提供者或就诊诊所。在线预约乳腺筛查需提供初级保健提供者或诊所的信息。
12. 请选择下面一个适用于您的选项：

### Provide Your Primary Care Provider Information



Select the option that applies to you:

I currently have a family doctor, nurse practitioner or naturopath in BC to receive my results

← 请选择最适用于您的选项。

I currently have a clinic, walk-in clinic or virtual clinic that I'm registered with to receive my results

You need a primary care provider or clinic to book online. If you don't have one, please exit the portal and call 1-800-663-9203 to book your appointment. If you prefer, you can call a screening centre near you using the [clinic locator](#).

Find [options to support screening](#) when you don't have a primary care provider.

13. 若选择的是有服务提供者或诊所，系统将显示新栏目要求填写相关信息。若您没有固定的提供者或诊所，请拨打1-800-663-9203，通过电话预约。您无需继续在线预约流程。

- a. 初级保健提供者选项：

### Provide Your Primary Care Provider Information



Search for your Primary Care Provider

Fill out one or more field(s)

Last Name  
e.g. Smith

First Name  
e.g. Jane

Clinic Address or Clinic Name  
e.g. 123 Street or First Medical Clinic

City/Town  
e.g. Vancouver

Phone Number  
(XXX) XXX-XXXX

← 请输入所了解的有关您初级保健提供者的信息。

Clear all

Search



b. 诊所选项：

## Provide Your Primary Care Provider Information

Search for your Clinic

Fill out one or more field(s)

Clinic Address or Clinic Name  
e.g. 123 Street or First Medical Clinic

City/Town  
e.g. Vancouver

Phone Number  
(XXX) XXX-XXXX

Clear all Search

请输入所了解的  
有关您初级保健  
诊所的信息。

14. 输入您能提供的信息，然后点击“Search”（搜索）。如果某些信息您不确定，则无需填写所有字段。

15. 随后，您将看到与您提供的信息相匹配的初级保健提供者名单。点击您的初级保健提供者，然后点击“Continue”（继续）。

Refine Results

Fill out one or more field(s)

Last Name  
PLISBVDU

First Name  
e.g. Jane

Clinic Address or Clinic Name  
e.g. 123 Street or First Medical Clinic

City/Town  
e.g. Vancouver

Phone Number  
(XXX) XXX-XXXX

Clear all Search

1 Primary Care Provider(s) found. Select your provider and address then scroll down to continue.

PLISBVDU, JAGGER  
Address: PINETREE MEDICAL, 458 PINE RD, VANCOUVER, BC V5Z 1G1  
Phone: 604-789-7878

My primary care provider and/or address is not listed

Continue

16. 如果您的初级保健提供者未出现在列出名单中，请尝试在该页面左侧的“Refine Results”（优化结果）部分添加、更改或删除信息，以重新查找。
17. 如果您的初级保健提供者仍未出现在名单中，请选择“My primary care provider and/or address is not listed”（我的初级保健提供者及/或地址未列出），并手动输入相关信息，然后点击“Continue”（继续）。

### Refine Results

Fill out one or more field(s)

Last Name  
PLISBVDU

First Name  
e.g. Jane

Clinic Address or Clinic Name  
123 street

City/Town  
Vancouver

Phone Number  
(XXX) XXX-XXXX

[Clear all](#) [Search](#)

### 0 Primary Care Provider(s) found.

No results found

My primary care provider and/or address is not listed

Name of Primary Care Provider\*  
e.g. family doctor, nurse practitioner, midwife

Note: If you don't see a specific primary care provider at your clinic, write "NA" above and fill in fields below.

Name of Clinic\*  
e.g. First Medical Clinic

Clinic's Phone Number\*  
(XXX) XXX-XXXX

If we are unable to find your primary care provider you will be linked to a clinic in your community for follow up if needed.

[Continue](#)

## 选择筛查地点

18. 接下来，使用搜索栏查找离您最近的筛查中心。

### Choose Your Location

Eligibility Address Provider Appointment Review Finish

Could not determine your location. Please enter a location within BC in the search bar, select one from the map, or view more results to see all available options.

Search Location



[View more Results](#)

If you can't see your location, please call 1-800-663-9703 for help booking an appointment. Some screening centres may have additional appointment availability today. If interested, please call to inquire.

Select location and scroll down to continue [View All](#)

- 1 Vancouver - X-Ray 505 Breast Screening

505-750 Broadway W  
Vancouver 2 km from me

July 14 - Starting at 07:00 AM - 27 Appointments Available

July 15 - Starting at 07:00 AM - 25 Appointments Available

July 16 - Starting at 07:00 AM - 27 Appointments Available

[Select this Location](#)
- 2 Vancouver - Mount Saint Joseph Hospital Breast Screening

3080 Prince Edward St.  
Vancouver 3 km from me

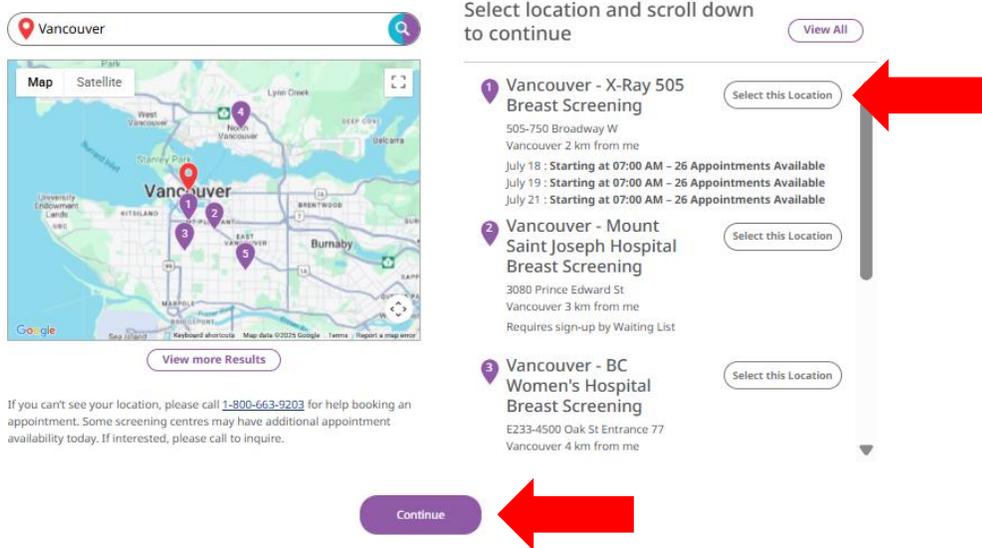
Requires sign up by Waiting List

[Select this Location](#)
- 3 Vancouver - BC Women's Hospital Breast Screening

[Select this Location](#)

[Continue](#)

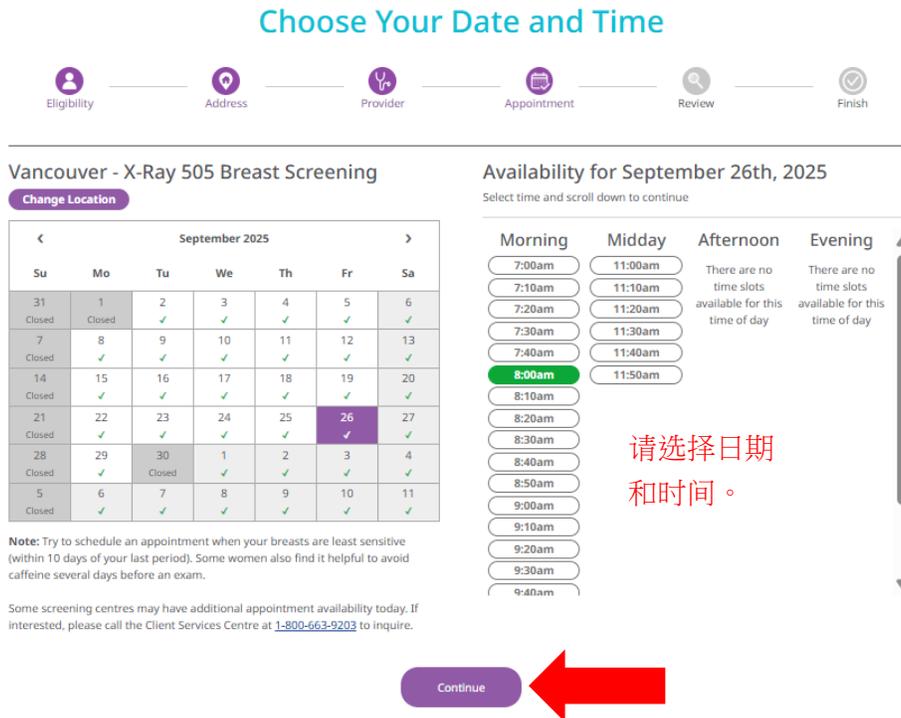
19.找到您想要的筛查中心后，单击“Select this location”（选择此地点），然后单击紫色的“Continue”（继续）按钮。



## 选择筛查日期和时间

20.接下来，您将看到显示所有可预约日期及时间的日历。

21.请选择您想要的日期和时间，然后单击紫色的“Continue”（继续）按钮。



## 确认预约信息

22. 接下来，请核对屏幕上显示的所有详细信息，确认其正确无误。

**Confirm Appointment Details**

Eligibility — Address — Provider — Appointment — Review — Finish

Time remaining to confirm: 4:57

**⚠️ Your appointment has NOT been confirmed yet. Please review your details before completing your booking.**

<b>Name</b> SALLY TESTPAT-LN-CONTACT	<a href="#">Edit</a>
<b>Mailing Address</b> 123 Main Street Vancouver, BC V5Z 1H1	
<b>Email</b> example@example.com	
<b>Phone Numbers</b> Home: (444) 444-4444 Mobile: (555) 555-5555 Text Reminder: Yes	
<b>Primary Care Provider</b> JAGGER PLSIBVDU PINETREE MEDICAL 458 PINE RD VANCOUVER, BC V5Z 1G1	<a href="#">Edit</a>
<b>Appointment Date &amp; Time</b> September 26th, 2025 at 8:00AM	<a href="#">Edit Appointment</a>
<b>Location</b> Vancouver - X-Ray 505 Breast Screening 505-750 Broadway W Vancouver (604) 879-8700	

[Confirm Now](#)

23. 若信息有误，请点击“Edit”（编辑）按钮。

24. 若信息无误，请点击紫色的“Confirm Now”（立即确认）按钮。

## 预约完成！

25. 您的预约已成功完成。

**Your Appointment Has Been Booked!**

Eligibility — Address — Provider — Appointment — Review — Finish

**Thank you for booking your appointment.**

You can return to the portal to reschedule or cancel your appointment (up to 48 hours in advance) or update your personal or primary care provider information.  
If you have any questions, please call 1-800-663-9203.

[Return to BC Cancer Site](#)