

Book Your Breast Screening Appointment

Step-by-step Instructions

Locate Your Booking Code

1. Your **Booking Code** can be found in your breast screening letter from BC Cancer (see below).



Enter Your Booking Code

- 2. Enter your booking code on the website as shown.
- 3. After you've entered in your code, click on the '**I'm not a robot**' checkbox to authenticate yourself.
- 4. Once completed, click on the purple '**Go to Booking**' button to proceed to the next page.



Confirm Your Eligibility – Part 1

5. Select all that apply to you and then click 'Submit'.



6. If you select **'None of the above'**, you will proceed to the next page. If you select one of the first 3 options, you will have the option to update your Breast Screening record and stop receiving reminders. If you select the remaining options, you'll be notified of your screening status.

Confirm Your Eligibility - Part 1



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

 If you select 'I have had a mammogram on both breasts in the last 12 months outside of the Breast Screening Program', please enter the date of your last mammogram.

Confirm Your Eligibility - Part 1							
8 Eligibility	Address	Provider	Appointment	Review	Finish		
	Select all that app	ly to you and press	Submit:				
	Note: We will not keep a red	ord of your selection unless	you indicate you would like us to	o update your information.			
	I have had breast cancer						
	I have had a total masted	tomy (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 man	mmogram on both breasts:					
	Month & Year*	1		Enter the d	ate of your		
		cord and send reminder notice w	hen you're due	last mamm	logram		
	If you are under 75 whe receive a notice for scre	n you are due to screen, a new n ening. You are encouraged to sp	iotice will be sent. If you are over 75 v eak with a health care provider at tha 03 to book an appointment every two	at time about your			
	I have breast health cond	erns such as breast lumps o	r nipple disharge				
	I am pregnant or have be	eastfed or chestfed in the la	st 3 months				
	I have had breast surger	y in the last 3 months					
	None of the above						
	If v		ubmit Dt eligible to book an appointme	int.			

Confirm Your Eligibility - Part 2

8. Select all the options that apply to you and then click 'Submit'.



9. If you select **'I need an interpreter during my appointment**' please select your preferred language. If your preferred language is not listed, select **'Other'** and type it in the textbox.

Preferred Language*	If Other Language, please specify	Please select you preferred langua
one of the above		

Confirm Your Contact Information

10. Enter or review your personal information including your '**Name**', '**Mailing** Address', '**Phone Number**' and '**Email**' and then click the '**Continue**' button.

ibility Ad	dress 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 TESTMAT LN-BREASTPORTAL
	Legal First Name TESTEN-PROMO1
ddress	If your name is incorrect, please contact the <u>Ministry of Health</u> to update your name with them.
Imbers	Preferred First Name (optional)
	Name you would like us to use when we contact you, including phone and mail
iress	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*
	VSZ 1H1
_	
	Phone You must provide at least one phone number
	Home Phone [1442] 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
	Email Update your email address
	Email* example@example.com
	levampregeoxampre.com

Confirm Your Contact Information

Provide Your Primary Care Provider Information

- 11. Next, we'll ask if you currently have a primary care provider or a primary care clinic that you go to for care. *A primary care provider or clinic is required to book your Breast Screening appointment online.*
- 12. Please select one of the following that applies to you:

Provide Your Primary Care Provider Information



Select the option that applies to you:



- 13. If you select that you have a provider or a clinic, a new section will appear asking you to enter their information. If you don't have a provider or clinic, please call 1-800-663-9203 to book your appointment over the phone. You do not need to continue with your online booking.
 - a. Provider Option:

Provide Your Primary Care Provider Information

B	Address	Provider	Appointment	Review	Finish
	Search fo	or your Primary Ca	re Provider		
	Fill out one or	more field(s)			
	Last Name				
	e.g. Smith				
	First Name			Ente	r what
	e.g. Jane			LIILE	vilat
	Clinic Address	s or Clinic Name		you l	know
	e.g. 123 Str	eet or First Medical Clinic		J	
	City/Town			abou	ıt your
	e.g. Vancou	ver			
	Phone Numb	er		prov	ider.
	(XXX) XXX-X	XXX			

b. Clinic Option:

B Eligibility	Address	Provider	Appointment	Review	🔘 Finish
	Search fo	or your Clinic			
	Fill out one o	more field(s)			
	Clinic Address	s or Clinic Name			
	e.g. 123 Str	eet or First Medical Clinic		Entor	what you
	City/Town			LIILEI	what you
	e.g. Vancou	ver		know	about
	Phone Numb	er			
	(XXXX) XXXX-X	xxx		your	clinic.

Provide Your Primary Care Provider Information

- 14. Enter what you can and click '**Search**'. You do not need to complete all fields if you are unsure about some details.
- 15. You'll then see a list of primary care providers that match the details you provided. Click on your primary care provider and then click '**Continue**'.

Refine Results	1 Primary Care Provider(s) found. Select your provider and address then scroll down to continue.		
Fill out one or more field(s)	PLISBVDU, JAGGER		
Last Name			
PLISBVDU	Address: PINETREE MEDICAL, 458 PINE RD, VANCOUVER, BC V5Z 1G1 Phone: 604-789-7878		
First Name	,		
e.g. Jane			
Clinic Address or Clinic Name	My primary care provider and/or address is not listed		
e.g. 123 Street or First Medical Clinic			
City/Town			
e.g. Vancouver			
Phone Number			
(XXXX-XXXX (XXXX)			
Clear all Search			
	Continue		

- 16. If you do not see your provider listed, try adding, changing or removing information in the '**Refine Results**' section on the left-hand side of the page.
- 17. If your provider is still not listed, please select '**My primary care provider and/or address is not listed**' and manually enter your provider's information before clicking '**Continue**'.

l out one or more field(s)	No results found	
ist Name PLISBVDU rst. Name	My primary care provider and/or address is not listed Name of Primary Care Provider*	Complete this section.
.g. Jane nic Address or Clinic Name	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*	
23 street	e.g. First Medical Clinic	
y/Town /ancouver	(XXX) XXX-XXXX	
one Number XXXI 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.

Choose Your Location

18. Next, use the search bar to find the closest screening centre near you.



19. Once you have found your preferred screening centre, click '**Select this location**' then click the purple '**Continue**' button.



Choose Your Date and Time

- 20. Next, you will see a calendar with all the available dates and times.
- 21. Please select your preferred date and time and click the purple '**Continue**' button.



Confirm Appointment Details

22. Next, review all the details shown on the screen to confirm that it is correct.

Confirm Appointment Details B (Q) Address Einish ዮ Time remaining to confirm: 4:57 🛕 Your appointment has NOT been confirmed yet. Please review your details before completing your booking. Name SALLY TESTPAT-LN-CONTACT Mailing Address 123 Main Street Vancouver, BC V5Z 1H1 Email xample Phone Numbers Home: (444) 444-4444 Mobile: (555) 555-555 Text Reminder: Yes Primary Care Provid JAGGER PLISBVDU PINETREE MEDICAL IS8 PINE RD /ANCOUVER, BC V5Z 1G1 Appointment Date & Time September 26th, 2025 at 8:00AM Edit A Location Vancouver - X-Ray 505 Breast Scree 555-750 Broadway W ancouver 504) 879-8700

- 23. If the details are incorrect, click the '**Edit**' button.
- 24. If the details are correct, click the purple '**Confirm Now**' button.

Your Appointment Has Been Booked!

25. Your appointment has been successfully booked.



Return to BC Cancer Site