



MRI Prostate Request

Patient Details

Name: _____

Address: _____

Appointment Time _____

Date _____

Clinic _____

Telephone _____

W/Cov

Date of Birth _____

Concession Card No _____

Medicare No _____

Has the patient had an MRI prostate scan in the last 12 months: Yes No

Clinical Notes:

Please tick most relevant option

Item 63541

- DRE is suspicious for prostate cancer, **OR**
- <70 years old with 2 PSA's performed within 1-3 months >3.0ng/ml plus the free/total PSA ratio <25% or the repeat PSA >5.5ng/ml, **OR**
- <70 years old with increased familial risk (1st degree relative with prostate cancer or suspected BRCA1/2 gene carrier) for prostate cancer with 2 PSA's performed within 1-3 months >2.0ng/ml plus the free/total PSA ratio <25%, **OR**
- >70 years old with 2 PSA's performed within 1-3 months >5.5ng/ml and the free/total PSA ratio <25%, **OR**

Item 63543

- Patient under active surveillance following a confirmed diagnosis by biopsy and not undergoing treatment who has (i) not had a diagnostic prostate MRI scan or (ii) is 12 months post diagnosis with eligibility every 3 years thereafter or (iii) any clinical concern or rising PSA

MRI Safety Checklist:

+/- Orbits +/- Skull +/- Chest X-ray

IMPORTANT: Indicate whether the following applies to your patient.

History of welding, grinding, sheet metal work	Yes <input type="radio"/> No <input type="radio"/>	Cochlear implant	Yes <input type="radio"/> No <input type="radio"/>
Cardiac pacemaker	Yes <input type="radio"/> No <input type="radio"/>	Vascular Stent	Yes <input type="radio"/> No <input type="radio"/>
Brain aneurysm clip	Yes <input type="radio"/> No <input type="radio"/>	Eye surgery or metal in eye	Yes <input type="radio"/> No <input type="radio"/>

Referrer Details

Prov No. _____

Name _____

Speciality _____

Address _____

Postcode _____

Telephone _____

Signature _____

Date _____

Facsimile _____

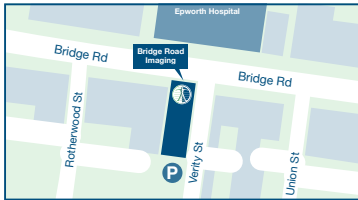
Results: Urgent Fax Email
 Phone Patient to take films

Send copies to _____



Healthcare Imaging Services

MRI PROSTATE CENTRES



Bridge Road Imaging

84 Bridge Road, Richmond VIC 3121
Ph: (03) 9242 4888 - Fax: (03) 9242 4830
Free Call: 1800 4 SCANS



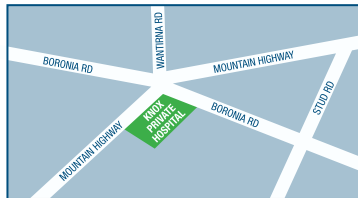
Epping Diagnostic Imaging & MRI Epping Consulting Centre

175 Cooper Street, Epping 3076
Ph: (03) 9408 2277 - Fax: (03) 9408 2278



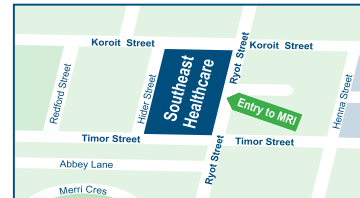
Healthcare Imaging Holmesglen

490 South Road, Moorabbin VIC 3189
Phone: (03) 9556 3800 - Fax: 03 9556 3830



Healthcare Imaging Knox Knox Private Hospital

262 Mountain Highway, Wantirna 3152
Ph: (03) 9210 7100 - Fax: (03) 9210 7110



Warrnambool Radiology Southwest Healthcare

27-29 Ryot Street, Warrnambool VIC 3280
Ph: (03) 5563 1504 - Fax: (03) 5563 1456