Multiparametric MRI prostate imaging request

I-MED Radiology Network
Comprehensive care. Uncompromising quality.

Patient

NAME: DATE OF BIRTH:

ADDRESS:

PH:

PLEASE NOTE: MRI is ideally performed prior to biopsy. If biopsy has already been performed, MRI can be performed 2 weeks later. Any recent PSA or biopsy reports can be attached or entered below.

Clinical information

CLINICAL QUERY:

DRE FINDINGS:

PSA:

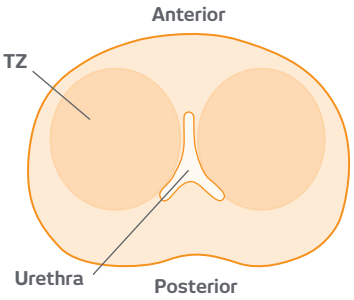
TRUS Bx: YES ◯ NO ◯ IF YES, DATE PERFORMED:

RESULT: BENIGN ◯ CANCER ◯ 3+3 3+4 4+3 4+4 4+5 5+4 5+5

SITE: NO. POSITIVE CORES:

% / mm INVOLVED: TREATMENT:

HORMONE THERAPY: YES ◯ NO ◯



DIAGNOSIS OF PROSTATE CANCER (ITEM 63541)

The patient must be suspected of having prostate cancer based on:

◯ a DRE suspicious for prostate cancer; or

◯ aged < 70 years, at least two PSA tests performed within an interval of 1-3 months are > 3.0 ng/ml, and the free/total PSA ratio is < 25% or the repeat PSA > 5.5ng/ml; or

◯ aged < 70 years, whose risk of developing prostate Ca based on family Hx is at least double the average risk, at least two PSA tests performed within an interval of 1-3 months is > 2.0ng/ml, and the free/total PSA ratio is < 25% or the repeat PSA > 5.5ng/ml; or

◯ aged 70 years or older, at least two PSA tests performed within an interval of 1-3 months is > 5.5ng/ml and the free/total PSA ratio is < 25%

Restriction: Medicare benefits are only payable once per patient in a twelve month period.

ACTIVE SURVEILLANCE (ITEM 63543)

The patient must meet the following clinical criteria:

◯ under active surveillance following a confirmed diagnosis of prostate Ca by biopsy histopathology; and no planning or undergoing of treatment for prostate Ca

12 months needs to have lapsed before benefits for a second service are payable, and then every third year thereafter.

NON-REBATABLE (NON FUNDED)

◯ Does not meet Medicare eligibility.

Referring doctor

DOCTOR'S NAME: PROVIDER NO:

ADDRESS:

CC DR:

ADDRESS:

SIGNATURE DATE:

Films & report: ◯ WITH PATIENT ◯ FAX ◯ EMAIL **Office use:** ◯ PROTOCOL ◯ DIAGNOSTIC ◯ STAGING ◯ BONES AND NODES

Your doctor has recommended that you use I-MED Radiology. You may choose another provider but please discuss this with your doctor first.

PLEASE BRING PREVIOUS FILMS OR CD FOR COMPARISON