



# PROSTATE MRI FORM

If you wish to use this referral at an alternative provider,  
Please discuss this with your doctor first

**Patient Details**

Phone: 9076 0357 Fax: 9076 0399 email: radiologybookings@alfred.org.au

Name:

Date of Birth:

Address:

Mobile / Best Contact Number:

Medicare No.:

Pension card No:

**Examination Requested**

**Clinical Details**

†Diabetic ?  Yes  No

†Allergies ?

**Referring Doctor Details**

Name:

Address:

Telephone:

†Fax:

Provider No.:

Signature:

**Results (Tick all that apply)**

- Intelerad (call 03 9076 0251 if you need an account)
- Fax
- Mail
- Images on CD
- Copy of report to (with fax number please):

Date:

**MRI Screening Checklist (Alfred)**

Please indicate whether the following applies to your patient:

- MRI within the last 12 months  Yes  No
- Cardiac pacemaker  Yes  No
- Brain aneurysm clip  Yes  No
- Cochlear Implant  Yes  No
- Eye injury caused by metal  Yes  No
- Claustrophobic  Yes  No
- Any metal implant  Yes  No

**Please describe (include make & model if known):**

**Indications for Bulk Billed Prostate MRI**

**COMPLETE THESE OR YOUR PATIENT MAY BE CHARGED**

**Item 63541**

- a digital rectal examination (DRE) which is suspicious for prostate cancer  
OR
- in a person aged less than 70 years, at least two prostate specific antigen (PSA) tests performed within an interval of 1- 3 months are greater than 3.0 ng/ml, and the free/total PSA ratio is less than 25% or the repeat PSA exceeds 5.5 ng/ml  
OR
- in a person aged less than 70 years, whose risk of developing prostate cancer based on family history is at least double the average risk , at least two PSA tests performed within an interval of 1- 3 months are greater than 2.0 ng/ml, and the free/total PSA ratio is less than 25%  
OR
- in a person aged 70 years or older, at least two PSA tests performed within an interval of 1- 3 months are greater than 5.5ng/ml and the free/total PSA ratio is less than 25%

*Note: Relevant family history is a first degree relative with prostate cancer or suspected of carrying a BRCA 1, BRCA 2 mutation.*

**Item 63543**

- the patient is under active surveillance following a confirmed diagnosis of prostate cancer by biopsy histopathology  
AND
- the patient is not planning or undergoing treatment for prostate cancer

**Administrative use only**

MRN:  
Appt Date:  
Appt Time: