



PROSTATE MRI FORM

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

Patient Details

Name:	Date of Birth:
Address:	Sex:
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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cardiac pacemaker | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Brain aneurysm clip | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cochlear Implant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eye injury caused by metal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Claustrophobic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any metal implant | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

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- 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: