

MRI Prostate Imaging Request



MRI Appointments:

9342 4216

Facsimile: 9342 7482

Website: www.thermh.org.au/services/medical-imaging/imaging-services/radiology

The Royal Melbourne Hospital
Royal Parade Parkville Vic 3050

Patient Details

Surname: Given Name:

Date of Birth: Phone Number: Mobile:

Address:

REPORT **Image** **Preferred Date / Month of Examination**

Fax Email Phone CD Online Next Available OR Month/Year

Copy report to:

Clinical Information

Clinical Details:

For MBS items 63541 and 63542 (NK) the patient must be suspected of having a prostate cancer based on:

- 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 5.5 ng/ml and the free/total PSA ratio is less than 25%.

For MBS items 63543 and 63544 (NK) the below clinical criteria must be met:

- 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.

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

MRI Safety Questions

Does the patient have any history of:

- Any surgery in the last 6 weeks Y N
- Cardiac pacemaker or Cardiac Valve Replacement Y N
- Aneurysm clip Y N
- Vascular or other stent Y N
- Foreign metal objects, especially if in or near the eye (for example as a result of welding: bullets or shrapnel) Y N
- Any implanted surgical devices(s): (For example shunt tube, cochlear implant, neurostimulator, infusion pump) Y N

If YES to any of the above, please indicate or attach further details, such as date of procedure and device information.

MRI Contrast Check:

- Patient > 65 years Y N
- Renal Disease? Y N
- Diabetes? Y N
- If YES to any of the above provide Y N:
eGFR: _____
Date: _____

Referring Doctor Details

Name: Provider No: Date:

Address:

Telephone: Fax: Signature:

Referring Doctor Details

Protocol/Booking Details:

- Is the patient safe for MRI?
Yes. Book for 1.5T only 3T only 1.5T or 3T only
 No Why? _____

Radiologist signature:

CODE: 8C0541 / 8C0543 / 804MRC

MIT Initials / Comments