

MRI Prostate Request Form



Gibraltar
radiology

PATIENT DETAILS

Name: DOB:

Phone:

SPECIALIST REFERRAL (Medicare eligible for urology, oncology and radiation oncology)

Multiparametric MRI (mpMRI)

Item 63541 (only payable once per 12 month period)

The patient is suspected of developing prostate cancer due to one of the following:

A digital rectal examination (DRE) has been performed that is suspicious for prostate cancer

Patient 70yrs or older with at least two PSA tests performed within an interval of 1-3 months that are > 5.5ng/ml and the free total PSA ratio is <25%

Patient <70yrs with at least 2 PSA tests performed within an interval of 1-3months that are >3.0ng/ml, and the free/total PSA ratio is <25% OR the repeat PSA exceeds 5.5ng/ml

Patient <70yrs with relevant family history* with at least two PSA tests performed within an interval of 1-3months that are >2.0ng/ml and the free/total PSA ratio is <25% OR the repeat PSA exceeds 5.5ng/ml

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

Item 63543 (2nd scan only payable after a 12 month period, and subsequent scans after a 3 year period)

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

Non Medicare Eligible

Patient aware the full cost of the service will be required with no Medicare rebate available.

CLINICAL NOTES

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PSA 1 Level: Pathology Date:

PSA 2 Level: Pathology Date:

REFERRER DETAILS

Name:

Provider Number:

Signature:

Copy To:

Phone:

Fax:

Date: