Multiparametric Prostate Referral
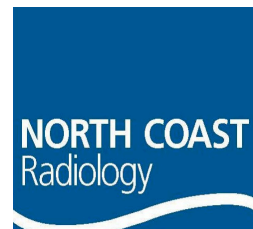
Serving our local community since 1974

NORTH COAST Radiology

PATIENT

Name   Phone

Date of birth   Gender   F   M   Medicare No.

Address

Email address

1300 669 729

REQUEST Prostate - item 63541   Restricted to once in a 12 month period.

Multiparametric Magnetic Resonance Imaging scan of the prostate for the detection of cancer. The patient is suspected of developing prostate cancer, due to one of the following:

- A digital rectal examination which is suspicious for prostate cancer; or
- In a person under 70 years, at least two prostate specific antigen (PSA) tests performed within an interval of 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 under 70 years, whose risk of developing prostate cancer based on relevant 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 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%.

REQUEST Prostate - item 63543   Not applicable for the purposes of treatment planning Prostate - item 63543 or for monitoring after treatment of prostate cancer.

Multiparametric Magnetic Resonance Imaging scan of the prostate for the assessment of cancer:

- 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.

For any particular patient, items 63543 is applicable:

A) at the time of diagnosis of prostate cancer; and   B) 12 months following diagnosis; and

C) every third year thereafter; or D) at any time if there is clinical concern from the specialist requesting the service.

CLINICAL

If renal impairment, recent eGFR=

MRI CHECKLIST   Yes   No   Details   *Please complete to assist with booking*

	Yes	No	Details
Pacemaker / Heart Valves			
Aneurysm Clips			
Cochlear / Ear Implants			
Metallic foreign body to eye			
Other metallic/electronic devices			

DOCTOR

Name   *Provider*

Address   *Number*

Date   Phone   Films

NCR are committed to sustainability. All images are available digitally

Email

Copy to

PATIENT   Please call patient to arrange appointment   Patient will call

Appointment Date: Time:

Preparation:

Please bring this form, Medicare and concessional cards to your appointment along with any previous relevant films.
Your medical practitioner has recommended you use NCR or CVI for quality imaging. You may choose another provider but please discuss this with your medical practitioner first.

Information about the scan

1. MRI Prostate scans that fulfill Medicare requirements are bulk billed by NCRG. A fee will be charged if the referral falls outside of these conditions.

2. Please allow 1 hour for appointment.

3. You will need to purchase Microlax from a chemist. Microlax is used to give the radiologist a clearer picturefor diagnosis. Go to www.microlax.com.au/faq for more information.

4. Ensure you fast 6 hours prior to your appointment. You can drink water to stay hydrated.

5. After checking in at the reception desk, you will be required to fill out several questionnaires for your safety.

6. An MRI technologist will advise you when to insert Microlax at the appointment. The Microlax can take 20minutes to work during which time you will be asked to be seated outside the waiting room.

7. Once you have been to the toilet, you will be changed into a hospital gown and escorted into the MRI room.

8. You will be cannulated, scanned and Gadolinium will be administered (a contrast agent that highlights blood flow)

9. The scan should be completed in around 30 minutes

www.ncrg.com.au   Pathways Information   Results (InteleConnect)