

San Radiology & Nuclear Medicine

Prostate Imaging Request



SYDNEY ADVENTIST HOSPITAL

185 Fox Valley Rd, Wahroonga NSW 2076

Radiology MG/US/MRI

Level 3, Tulloch Building and Clark Building

E: radiologybookings@sah.org.au (ECHO/CT)

E: mri@sah.org.au (MRI)

Nuclear Medicine Level 3, San Clinic Suite 306

PET-CT Level 2, Tulloch Building Suite 216

E: nmadmin@sah.org.au

P: 9480 9850

F: 9480 9845

Patient Name: _____ D.O.B: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____ MRN: _____

PROSTATE IMAGING EXAMINATIONS

(Medicare eligibility criteria / indications for MRI and PET are provided on the back of this form)

MRI:

- mpMRI Prostate [MBS Item 63541 - Diagnosis]
- mpMRI Prostate [MBS Item 63543 - Surveillance]
- mpMRI Prostate [Non-Medicare Eligible]
- MRI Prostate - RT Planning Protocol Only [Non-Medicare Eligible]
- MRI Prostate - Koelis Work-Up [Non-Medicare Eligible]

Which Lesions? _____

PET-CT:

- MBS Item 61563 (Staging)
- MBS Item 61564 (Restaging)
- Non-Medicare Eligible

F-18 PSMA (DCFPyL) or Ga-68 PSMA F-18 PSMA 1007

with Diagnostic CT - as per protocol or specify region:

F-18 FDG _____

OTHER IMAGING EXAMINATIONS:

- NM Tc-99m Whole Body Bone Scan (+/- SPECT-CT)
- NM _____
- CT _____
- US _____
- OTHER _____

1. Previous Contrast Allergy? YES NO

2. Is the Patient Diabetic? YES NO

3. Able to have Buscopan? YES NO

4. Current Creatinine: _____ Current EGFR: _____

Date: _____

REFERRER DETAILS

Name: _____

Provider No: _____

Address: _____

Copy to: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

Your doctor has recommended you use San Radiology and Nuclear Medicine. You may choose another provider but please discuss this with your doctor first.

CLINICAL INFORMATION

REASON FOR REQUEST:

- Detection Suspected Recurrence (Post Treatment)
- Staging +ve DRE Finding
- Active Surveillance

PSA INFORMATION:

Current PSA: _____ (ng/mL) Date: _____

PSA Trend: _____

BIOPSY INFORMATION:

Gleason Score: [] + [] = []

Bx Results: +ve -ve indeterminate

Diagnosis if +ve: _____

Date of Bx: _____

Pathology Provider: _____

PREVIOUS EXAMINATIONS:

- MRI Provider: _____ Date: _____
- PET-PSMA Provider: _____ Date: _____
- CT Provider: _____ Date: _____

TREATMENT:

- Surgery: _____ Date: _____
- RT: _____ Date: _____
- Chemo: _____ Date: _____
- EBRT: _____ Date: _____
- HDR Brachytherapy: _____ Date: _____
- LDR Brachytherapy: _____ Date: _____
- HT (eg ADT): _____ Date: _____
- Other: _____ Date: _____

FAMILY HISTORY:

FHx of prostate cancer? Yes No

Relevant Genetic Information: _____

OTHER INFORMATION

Date for follow-up consultation: _____

MEDICARE ELIGIBLE INDICATIONS AND CRITERIA

MBS Item	INDICATIONS	PURPOSE
MRI - 63541	<p>Multiparametric Magnetic Resonance Imaging scan of the prostate for the detection of cancer, if the patient is referred by a urologist, radiation oncologist, or medical oncologist and the request for the scan identifies: that the patient is suspected of developing prostate cancer, due to one of the following:</p> <p>I. a digital rectal examination which is suspicious for prostate cancer; or</p> <p>II. in a person under 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</p> <p>III. 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</p> <p>IV. 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%.</p> <p>+ Relevant family history is a first degree relative with prostate cancer, or suspected of carrying a BRCA 1 or BRCA 2 mutation. NOTE: Benefits are payable on one occasion only in any 12 month period.</p>	Detection / Diagnosis
MRI - 63543	<p>Multiparametric Magnetic Resonance Imaging scan of the prostate for the assessment of cancer, if the patient is referred by a urologist, radiation oncologist, or medical oncologist and the request for the scan identifies:</p> <p>I. the patient is under active surveillance following a confirmed diagnosis of prostate cancer by biopsy histopathology; and</p> <p>II. the patient is not planning or undergoing treatment for prostate cancer.</p> <p>NOTE: Benefits are payable at the time of diagnosis of prostate cancer, 12 months following diagnosis and then every 3rd year thereafter or at any time, if there is a clinical concern, including PSA progression. This item is not to be used for the purposes of treatment planning or for monitoring after treatment.</p>	Surveillance
PET – 61563	Whole body PSMA PET study performed for the initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional therapy with curative intent.	Staging
PET – 61564	Whole body PSMA PET study performed for the restaging of recurrent prostate adenocarcinoma, for a patient who has undergone prior locoregional therapy and is considered suitable for further locoregional therapy to determine appropriate therapeutic pathways and timing of treatment initiation. Can be claimed by patients with a PSA increase of 2ng/ml above the nadir after radiation therapy; or failure of PSA levels to fall to undetectable levels; or rising PSA serum after a radical prostatectomy.	Restaging

GENERAL INSTRUCTIONS:

- Please bring your Medicare/DVA card.
- Please bring all relevant prior imaging.
- Wear comfortable warm clothing with no metal components

* If you are **DIABETIC**, please ensure you inform our staff at the time of your appointment as different preparation instructions may apply.

MRI INSTRUCTIONS:

- Please ensure the patient safety questionnaire is completed
- A preparatory diet prior to your examination may be required as well as bowel preparation. Our team will advise you on the required preparation for your MRI scan at the time of making your appointment.

PSMA PET INSTRUCTIONS:

- No preparation required – eat and drink normally.

PSMA PET & DIAGNOSTIC CT INSTRUCTIONS:

- Fast for 4 hours unless Diabetic*.
- Water is allowed.

For a quicker check in, please email, fax or scan the QR code to send this request ahead of your appointment. Please bring this request and any relevant previous imaging with other providers to your appointment.

HOW TO FIND US

San Radiology | PET-CT: Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P₁**

Nuclear Medicine: Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P₂**



www.sanradiology.com.au

A division of Adventist HealthCare Limited
ABN 76 096 452 925

PATIENT SAFETY QUESTIONNAIRE:

Please tick YES or NO for the following:

- Do you have or have you had a :

Cardiac Pacemaker?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Implanted Cardiac Defibrillator?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Artificial Heart Valves or Annuloplasty Ring?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Neurostimulator?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Brain Aneurysm Clips?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cochlear or Stapes Implant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Metallic, Magnetic or Electric Implants?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Penile Implant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Vascular Coil, Filter or Pump?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
- Are you Pregnant? YES NO
- Do you have any metal objects in the eye? YES NO
- Were you or are you a metal worker? YES NO

