

# San Radiology & Nuclear Medicine

## Prostate Imaging Request

Scan QR code to request an appointment



### SYDNEY ADVENTIST HOSPITAL

185 Fox Valley Rd, Wahroonga NSW 2076

Appointments: 02 9480 9840

Enquiries: 02 9480 9850

Radiology/MRI Level 3, Tulloch Building

Email: radiology@sah.org.au | Fax: 02 9480 9845

Nuclear Medicine/PET-CT Level 3, San Clinic

Email: nmadmin@sah.org.au | Fax: 02 9480 8755

Patient Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

MRN: \_\_\_\_\_

Is this patient part of a Clinical Trial?  Yes  No. If yes, Name of trial \_\_\_\_\_

### 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.

PLEASE FAX OR EMAIL THIS REQUEST TO SAN RADIOLOGY & NUCLEAR MEDICINE AHEAD OF MAKING YOUR APPOINTMENT.  
PLEASE REMEMBER TO BRING THIS REQUEST FORM AND ANY RELEVANT PREVIOUS IMAGING TO YOUR APPOINTMENT.

### CLINICAL INFORMATION

#### REASON FOR REQUEST:

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

#### 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

PLEASE TICK TO OPT OUT OF PRINTED IMAGES  
All images are available online

## MEDICARE ELIGIBLE INDICATIONS AND CRITERIA

MBS ITEM	INDICATIONS	PURPOSE
<b>MRI - 63541</b>	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: I. a digital rectal examination which is suspicious for prostate cancer; or 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 III. in a person under 70 years, whose risk of developing prostate cancer based on relevant family history <sup>+</sup> 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 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%. <sup>+</sup> Relevant family history is a first degree relative with prostate cancer, or suspected of carrying a BRCA 1 or BRCA 2 mutation. <b>NOTE: Benefits are payable on one occasion only in any 12 month period.</b>	Detection / Diagnosis
<b>MRI - 63543</b>	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: I. the patient is under active surveillance following a confirmed diagnosis of prostate cancer by biopsy histopathology; and II. the patient is not planning or undergoing treatment for prostate cancer. <b>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.</b>	Surveillance
<b>PET - 61563</b>	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
<b>PET - 61564</b>	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

## PATIENT PREPARATION

### 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.

## MRI PATIENT SAFETY QUESTIONNAIRE:

Please circle YES or NO for the following:

- Do you have or have you had a:
  - Cardiac Pacemaker?  YES  NO
  - Implanted Cardiac Defibrillator?  YES  NO
  - Artificial Heart Valves or Annuloplasty Ring?  YES  NO
  - Neurostimulator?  YES  NO
  - Brain Aneurysm Clips?  YES  NO
  - Cochlear or Stapes Implant?  YES  NO
  - Other Metallic, Magnetic or Electric Implants?  YES  NO
  - Penile Implant?  YES  NO
  - Vascular Coil, Filter or Pump?  YES  NO
2. Are you Pregnant?  YES  NO
3. Do you have any metal objects in the eye?  YES  NO
4. Were you or are you a metal worker?  YES  NO

**Please inform our reception staff if you have answered YES to ANY question, at the time of making your appointment, as further information may be required.**

[www.sanradiology.com.au](http://www.sanradiology.com.au)

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Examinations or Procedures	Sydney Adventist Hospital		Parkway San Clinic
	San Radiology – Level 3, Tulloch Building & Clark Tower	Nuclear Medicine – Level 3, San Clinic	Ground Floor, Suite G01
Bone Mineral Densitometry	✓	✗	✗
CT Scan (Non-Cardiac)	✓	✗	✓
CT Scan (Cardiac / CTCA)	✓	✗	✓
Echocardiography	✓	✗	✗
EOS (Long Length Imaging)	✓	✗	✗
Interventional Procedures	✓	✗	✓
Mammography 2D / 3D / Contrast Enhanced	✓	✗	✗
MRI - High Resolution (3T)	✓	✗	✗
Nuclear Medicine	✗	✓	✗
PET & PET-CT	✗	✓	✗
Theranostics	✗	✓	✗
Ultrasound	✓	✗	✓
Digital X-Ray	✓	✗	✓

## HOW TO FIND US

**San Radiology:** Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P<sub>1</sub>**

**Nuclear Medicine:** Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P<sub>2</sub>**

