

NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

UROLOGY IMAGING REQUEST FORM

NAME:	DOB: / /
ADDRESS:	
CONTACT NUMBER:	
INDICATION / CLINICAL HISTORY	

REIMBURSED PROSTATE MRI SCANS: (Medicare rebate applies for applicable Medicare descriptors)

Suspected prostate cancer based on		
A digital rectal examination (DRE) which is suspicious for prostate cancer; or	63541	
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	63541	
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;	63541	
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%	63541	
Note: Relevant family history is a first degree relative with prostate cancer or suspected of carrying a BRCA 1, BRCA 2 mutation Item number 63541 is only payable once per 12 month period		
Previously confirmed prostate 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 active treatment.	63543	
Item number 64543 is available for patients who <ul style="list-style-type: none"> Have not had a diagnostic mpMRI, and are placed on active surveillance following confirmed diagnosis; or 12 months following confirmed diagnosis and then every third year thereafter; or At any time there is a clinical concern, or concern with PSA progression. 		

Non-Rebatable Scan		
PET PSMA scan (Non-rebatable)		
Pre-surgery or pre-radiotherapy	Prostatectomy: Yes	Date: / / No
Evaluation of extent of metastatic cancer	Prior adjuvant or Salvage RT: Yes	Date: / / No
Rising PSA post surgery	Prior Definitive Radiotherapy: Ext Beam	Brachy
Rising PSA post radiotherapy	Yes	Date: / / No
Other _____		
PSA _____ ng/ml Date: / /	Current ADT: Yes	Date: / / No
Gleason Score: _____ Date: / /	Prior Chemotherapy: Yes	Date: / / No

Referrer name (specialist):	Provider No.:
Ph: Fax: Signature:	Date: / /
Address:	CC report:

NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

North Shore Private Hospital
Ground Floor, Westbourne Street, St Leonards NSW 2065
Tel (02) 9170 4500 • Fax (02) 8330 6383

Parking information:

Valet Parking: available from the NSPH Main Entrance.
Multi-storey Carparks: P1 & P2 access via Westbourne Street or Reserve Road.
Metered street parking: available along Westbourne Street.



You will be advised by our staff if you require preparation for your appointment. Please arrive 15 minutes prior to your appointment for registration, unless otherwise stated at the time of the booking. Allow sufficient time for parking.

PET/CT instructions

General:

- If you are claustrophobic or have required sedation for prior scans, please advise us and bring a relative or friend who can drive you home.
- Do not bring small children with you.
- Bring your medicare/DVA card.

PSMA PET

- Eat and drink normally
- Wear comfortable clothing with no metal components.
- Please allow 3 hours for this scan

Relevant Prior Imaging

- Bring prior imaging
- Advise staff of any prior PET scans

Please ring for an appointment and any special instructions. You may wish to note your appointment details below:
Your results will be sent electronically to your doctor, who will then advise you of your results.

Appointment Date: ___ / ___ / ___ Time: _____ Location: _____
(Accounts to be settled on the day of examination).

Preparation: _____

Estimate: \$ _____