

# NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

## UROLOGY IMAGING REQUEST FORM

NAME	DOB
ADDRESS	
CONTACT NUMBER	
INDICATION / CLINICAL HISTORY	PSA _____ NG/ML Date: _____ Gleason Score: _____ Current ADT: Yes <input type="checkbox"/> Date: _____ Prostatectomy: Yes <input type="checkbox"/> Date: _____ Radiotherapy: Yes <input type="checkbox"/> Date: _____ Prior Chemotherapy: Yes <input type="checkbox"/> Date: _____

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

<b>Suspected prostate cancer based on</b>		
A digital rectal examination (DRE) which is suspicious for prostate cancer; or	63541	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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		
<b>Previously confirmed prostate cancer</b>		
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	<input type="checkbox"/>
Item number 64543 is available for patients who <ul style="list-style-type: none"> <li>Have not had a diagnostic mpMRI, and are placed on active surveillance following confirmed diagnosis; or</li> <li>12 months following confirmed diagnosis and then every third year thereafter; or</li> <li>At any time there is a clinical concern, or concern with PSA progression.</li> </ul>		
<b>PET PSMA Scan (Rebatable)</b>		
<b>INITIAL STAGING</b>	61563	<input type="checkbox"/>
The specialist or consultant physician is to record in the clinical notes and their request that the patient: <ul style="list-style-type: none"> <li>Has intermediate to high-risk prostate adenocarcinoma, has previously untreated; AND</li> <li>Is considered suitable for locoregional therapy with curative intent.</li> </ul>		
<b>RESTAGING</b>	61564	<input type="checkbox"/>
The specialist or consultant physician is to record in the clinical notes and their request that the patient: <ul style="list-style-type: none"> <li>Has undergone prior locoregional therapy and is considered suitable for further locoregional therapy</li> </ul> This item can be claimed by patients with: <ul style="list-style-type: none"> <li>A PSA increase of 2ng/ml above the nadir after radiation therapy; OR</li> <li>Failure of PSA levels to fall to undetectable levels; OR</li> <li>Rising PSA serum after radical prostatectomy.</li> </ul>		
<b>PET PSMA Scan (Non-Rebatable)</b>		
<input type="checkbox"/> Pre-surgery or pre-radiotherapy <input type="checkbox"/> Rising PSA post radiotherapy		
<input type="checkbox"/> Evaluation of extent of metastatic cancer <input type="checkbox"/> Rising PSA post-surgery		

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

# NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE



## Our Site Locations:

### North Shore Radiology & Nuclear Medicine

North Shore Private Hospital - Ground Floor, Westbourne Street, St Leonards NSW 2065

Tel (02) 9170 4500 • Fax (02) 9170 4577

#### Parking information:

Multi-storey Carparks: P1 & P2 access via Westbourne Street or Reserve Road.  
Metered street parking: available along Westbourne Street.

### North Shore Health Hub

7 Westbourne St,  
St. Leonards, NSW, 2065

Tel (02) 9170 4500 • Fax (02) 9170 4577

**Parking information:** Metered parking is available on Westbourne Street. There is paid parking available underneath the North Shore Health Hub to the right of the entrance to the Health Hub on Westbourne Street. Paid parking also available as marked on the map as P1 & P2 closer to the public and private hospitals but still within walking distance to the Health Hub.

## Urology 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

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.

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: \$ \_\_\_\_\_