

Patient Name: _____

DOB: _____

Phone: _____

DATE: _____

Scheduling: (310) 301-6800 | Fax: (310) 794-9035

Waive Creatinine:

ATTN Scheduler: Enter into Comments all CHECKED BOXES and Notes

Prostate MRI Imaging and/or MR-Targeted Biopsy Order Form

Please choose one of these diagnostic protocols or targeted MRI-guided biopsy.

<input type="checkbox"/> Surgical Staging (IMG5564) Endorectal coil provides the highest resolution to identify T2 vs. T3 disease. Includes DCE + DWI, pelvic bones, and lymph nodes. Always with contrast. Common uses: - Surgical staging - Spectroscopic imaging - Active surveillance Options: <input type="checkbox"/> Spectroscopy <input type="checkbox"/> 3D Volume	<input type="checkbox"/> Locoregional Staging (IMG5563) MRI without an endo-rectal coil identifies suspicious areas as well as abnormal lymph nodes and bone lesions. Common uses: -Brachytherapy planning -Radiotherapy planning -Biochemical failure Options: <input type="checkbox"/> Add abdomen <input type="checkbox"/> No contrast (IMG5562) <input type="checkbox"/> 3D Volume	<input type="checkbox"/> Focused (IMG5563) Prostate-only scan with DCE + DWI but without endorectal coil limits patient's time in the scanner. Common uses: - Biopsy planning - Active surveillance - Follow-up - Abnormal PSA but negative biopsy Options: <input type="checkbox"/> No contrast (IMG5562) <input type="checkbox"/> 3D Volume <input type="checkbox"/> 3D Mobile Fusion Protocol: _____	<input type="checkbox"/> Targeted MRI Guided Biopsy (IMG5587) Targeted biopsy of a suspicious area found on prostate MRI (local or non-UCLA). MRI confirms needle placement. Takes about 1 hour of table time. Uses conscious sedation. Scheduled separately from diagnostic MRI.
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History/Indication: _____

Do any of the following apply to this order?

- | | |
|---|--|
| <input type="checkbox"/> Planned robotic prostate surgery | <input type="checkbox"/> Biopsy planning |
| <input type="checkbox"/> Deciding on surgery vs. other treatment planning | <input type="checkbox"/> Radiation therapy |
| <input type="checkbox"/> Abnormal PSA but negative biopsies candidate | <input type="checkbox"/> Active surveillance |
| <input type="checkbox"/> Other: _____ | |

When was the last biopsy (date)? _____ Result? _____

What is the PSA (if known)? _____ From what date? _____

Next clinic appointment date? _____ Surgery/treatment date? _____

What kind of surgery/treatment is planned? _____

Do any of the following apply to your patient?

Yes	No	Condition
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes? If so, is it controlled with: <input type="checkbox"/> medication? <input type="checkbox"/> insulin?
<input type="checkbox"/>	<input type="checkbox"/>	Insulinoma (pancreatic tumor that secretes insulin)?
<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoids or rectal bleeding?
<input type="checkbox"/>	<input type="checkbox"/>	Part of a clinical trial? Which? _____
<input type="checkbox"/>	<input type="checkbox"/>	Anal fissure or similar condition?
<input type="checkbox"/>	<input type="checkbox"/>	Prior surgery to the anus or rectum or prostate?
<input type="checkbox"/>	<input type="checkbox"/>	Prior radiation therapy to the pelvis?
<input type="checkbox"/>	<input type="checkbox"/>	Metal in hips or pelvis? What kind? _____
<input type="checkbox"/>	<input type="checkbox"/>	Inflammatory bowel disease or other rectal inflammation?

Provider (Print) _____ Signature _____ Date _____