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Patient name: _____

Birth date: _____

Address: _____

Phone: _____ Mobile: _____

WorkCover claim number: _____

MRI Prostate Referral



Dr Eric Slavos 1973-2016
Dr Hal Rice
Dr David Leggett
Dr Mark Hansen
Dr Stephen Drew
Dr David Simpson
Dr Adrian Khoo
Dr Mark Burgin
Dr James FitzGerald
Dr Gary Shepherd
Dr Thomas Hess
Dr Laetitia de Villiers
Dr Tanya Wood
Dr Peter Jackson
Dr Cameron Napper
Dr Arash Moghaddam
Dr Justin Baulch
Dr Aziz Osman
Dr Samuel Davis
Dr Phillip Law
Dr Susan Ly
Dr Arash Dehdari
Dr Dalveer Singh
Dr Haroon Cheema
Dr Martin te Kloot
Dr Jane McEniery
Dr Gus McKenzie
Dr Kevin Lee
Dr Matthew Budak
Dr Brian Carey
Dr Jennifer Powell
Dr Michael Tuppin
Dr Cara Odenthal
Dr Theo Lau

EXAMINATION REQUESTED

Multiparametric MRI (mpMRI)

SPECIALIST REFERRAL (Medicare eligible)

mpMRI (BULK BILLED)

Only payable once per patient in a 12 month period - 63541

- The patient is suspected of developing prostate cancer due to a digital rectal examination (DRE) that is suspicious for prostate cancer
- Patient <70yrs, with at least two prostate specific antigen (PSA) tests performed within an interval of 1-3 months are greater than 3.0ng/ml, and the free/total PSA ratio is less than 25% or the repeat PSA exceeds 5.5ng/ml
- Patient <70yrs, 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 2.0ng/ml, and the free/total PSA ratio is less than 25%
- Patient 70yrs 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%

NOTE: Relevant family history is a first degree relative with prostate cancer or suspected of carrying a BRCA 1, BRCA 2 mutation

mpMRI (BULK BILLED) - 63543

The patient is under active surveillance and following a confirmed diagnosis of prostate cancer by biopsy histopathology and the patient is not planning on undergoing treatment for prostate cancer

mpMRI (Non Medicare Eligible)

Does not meet Medicare criteria

ADDITIONAL CLINICAL DETAILS

REFERRING PRACTITIONER

Name: _____

Address: _____

Phone: _____ Fax: _____

Provider number: _____

Signature: _____ Date: _____

Send copy to: _____

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Qscan Radiology Clinics is committed to sustainability. All images are available digitally only unless requested.

IMAGES

- Online
 CD
 Return with patient
 Courier/Deliver

REPORT

- Electronic download
 Fax

MORE REFERRAL PADS

- A4 (computerised)
 A5 (manual)

Your doctor has recommended you attend Qscan Radiology Clinics. You may choose another provider but please discuss this with your doctor first.

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