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MRI Prostate Referral

PATIENT DETAILS

Patient name: _____

Birth date: _____

Address: _____

Phone: _____ Mobile: _____

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 or undergoing treatment for prostate cancer

mpMRI (Non Medicare Eligible)

- ☐ Does not meet Medicare criteria

ADDITIONAL CLINICAL DETAILS

REFERRED BY

Name: _____ Provider number: _____

Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

Send copy to: _____

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