



Urology Imaging Request

PATIENT DETAILS

Name:

DOB:

Address:

Phone:

EXAMINATION REQUIRED

CLINICAL NOTES

MRI Medicare eligible scan

63541 Suspected **prostate cancer** based on:

- (a) Digital rectal examination suspicious for prostate cancer
- (b) >70 years, two PSA tests performed within 1- 3 months, have a PSA conc.of greater than 5.5 µg/L, free/total PSA < 25%
- (c) <70 years, two PSA results within 1-3 months, PSA conc. >3.0 ng/ml, free/total PSA <25%, or the repeat PSA >5.5 µg/L; or
- (d) <70 years with family history (or BRCA 1 or BRCA 2 mutation suspected), two PSA tests within 1-3 months: PSA conc. >2.0 ng/ml, free/total PSA <25%, or the repeat PSA >5.5 µg/L.

63543 mpMRI (inc. T2WI, DWI, DCE-MRI) – assessment of **prostate cancer** where:
patient is under active surveillance after diagnosis **and** not planning/undergoing treatment
for prostate cancer

63540 MRI - abdomen to assess a patient with one or more known **renal tumours** AND diagnosis of a
genetic disorder with increased risk of renal tumours (R)(Contrast)(Anaes.) to:
(a) Evaluate changes in condition or complications or
(b) Assess patient responsiveness to treatment.
Applicable once in any 3 month period.

63539 MRI - abdomen to assess development or growth of **renal tumours** in patient with diagnosis of genetic
disorder that has increased risk of renal tumours, OTHER THAN item 63540 applies (R)(Contrast) (Anaes.)
Applicable once in any 12 month period.

63564 MRI – **whole body** scan for the early detection of cancer (R)(Anaes.) when:
Requested in consultation with geneticist; **and** the request identifies patient has high risk of developing
cancer malignancy due to hTP53rc syndrome

REFERRING DOCTOR

Name:

P/N:

Date:/...../.....

Signature: