



108.10

THE UNIVERSITY OF CHICAGO MEDICINE

PROSTATE MRI REQUISITION

Scheduling: (773) 795-9723

Fax: 773-834-3527

Patient Name: _____ MRN: _____ CSN: _____ AFFIX PATIENT IDENTIFICATION LABEL HERE
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Patient Name _____ Date of Birth _____

Patient Info: Age _____ Height _____ Weight (kg) _____ Patient Contact Number _____

ATTENDING PHYSICIAN ORDERING EXAM _____ Phone/Pager _____

Form Filled Out By _____ Office Fax Number _____

MD/DO/NP/PA Phone/Pager _____

MD/DO/PA/NP Signature _____ Date _____ Time _____

Exam/Procedure Requested

- MRI Pelvis With and Without Contrast (CPT: 72197)**
- MRI Guided Prostate Biopsy (CPT: 55700, 77021)** Prior Prostate MRI Imaging is required for scheduling.

History/Indication _____

ICD 9/10 Code(s) (Please List) _____

Prostate Specific History

3 Serum PSA Levels: Value _____ Date _____, Value _____ Date _____, Value _____ Date _____

Previous History of Prostate Treatment (hormone, Finasteride, radiation, surgery) and dates:

Previous Prostate Biopsy Results with Gleason Score _____

Please check if you are interested in learning information about an MR Guided Focal Therapy Clinical Trial.

Additional Scheduling Instructions

- Patients should wait 8 weeks after Prostate Biopsy to perform MRI exam.
- Patients should refrain from sexual activity 48 hours prior to the MRI exam.
- For MR-guided Prostate biopsies, we need to prescribe prophylactic antibiotics (starting on the night before the biopsy and continuing on the day of biopsy).
- If the patient requires sedation for the MRI, oral sedation and instructions must be prescribed by the ordering physician and self-administered prior to the exam by the patient. The patient must have a ride home after the procedure if they are taking an oral sedative.

Please complete the required IV Contrast and MRI Safety Screening on Page 2.



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MRI SAFETY SCREENING – Indicate if patient has or had:

Cardiac pacemaker, ICD, or pacing wires? Yes No

Body piercing jewelry? Yes No

Swan-Ganz Line? Yes No

Vascular surgery in the brain and/or arteries? Yes No

Aneurysm clips? Yes No

Bullet or shrapnel, other metal fragments in the body? Yes No

Artificial joint, metal plate, pin, or rod in or on a bone? Yes No

Shunt? Yes No

Artificial heart valve? Yes No

Permanent eyeliner? Yes No

Metal fragments in the eyes? Yes No

Device for pain control (Tens Unit), nerve stimulator? Yes No

Eye surgery? Yes No

Greenfield Filter or IVC Filter Yes No

Tattoo on any part of the body? Yes No

Is the patient claustrophobic? Yes No

Ear surgery or implants? Yes No

Is the patient unable to lie flat for up to one hour? Yes No

Contrast Safety Screening

1. If any of the conditions listed below apply to the patient, renal function tests (Creatinine) must be available within 30 days of the patient's appointment.

2. Labs must be ordered by the referring physician.

Yes No

- Age 60 and over
- History of kidney disease or renal failure
- On hemodialysis or peritoneal dialysis
- History of nephrogenic systemic fibrosis
- Diabetic
- Hypertension regarding medical therapy
- Received an organ transplant or is being considered for a transplant

Most Recent Lab Values

Date _____ Creatinine _____

BUN _____ GFR: (if available) _____

Requesting Signature

Requesting Clinician Signature _____ Pager _____

Date _____ Time _____