UCLA Health
uclahealth.org/radiology/prostate
Scheduling: (310) 301-6800 | Fax: (310) 794-9035

Patient Name: DOB:

Phone:

Waive Creatinine: ☐

Preferred: Westwood – Santa Monica – Santa Clarita – South Bay

ATTN Scheduler: Enter into Comments all CHECKED BOXES and Notes

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

☐ Focused Protocol (Detection/ Biopsy Planning) + 3D Volume (IMG5563+IMG5603)	☐ Locoregional/ Surgical Staging + 3D Volume (IMG5563+IMG5603)	☐ Targeted In-bore MRI-Guided Biopsy (IMG5587)	☐ Survey w/wo contrast (No 3D) Protocol (IMG5563)	☐ Survey wo contrast (No 3D) Protocol (IMG5562)
- DCE + DWI but <u>without</u> endorectal coil, limiting patient's time in the scanner. <u>Common uses:</u> - Biopsy planning - Active surveillance - Abnormal PSA but negative biopsy Options: ☐ No contrast (IMG5562+IMG5603) ☐ 3D Mobile Fusion Protocol:________ ☐ Pacemaker (WW)	- For suspicious areas as well as abnormal lymph nodes and bone lesions. <u>Common uses:</u> - Biopsy planning - Surgical planning - Radiotherapy planning - Biochemical failure Options: ☐ No contrast (IMG5562+IMG5603) ☐ With Endorectal Coil (IMG5564+IMG5603) ☐ Spectroscopy ☐ Pacemaker (WW)	- Procedure done within MR scanner, real-time - Utilize previous prostate MRI (local or non-UCLA) to biopsy suspicious lesions. - Takes about 1 hour of table time with conscious sedation. Options: ☐ Endorectal ☐ Trans-gluteal (WW) ☐ Pacemaker (WW)	- No 3D post processing <u>Not appropriate for biopsy planning.</u> <u>Common uses:</u> - Lesion detection - Active surveillance - Follow-up - High PSA with negative biopsy Options: ☐ Pacemaker (WW)	- No contrast only - No 3D post processing <u>Common uses:</u> - Family history - No prior diagnosis Options: ☐ Pacemaker (WW)

☐ ^{68}Ga-PSMA-11 PET/CT (IMG7167) Prostate Only in Westwood - Nuclear Medicine. **Schedule NucMed: 310-794-1005**
(Scheduler Notes: w/ CT of the NCAP w/con, Research Tracer, IRB 16-001095 (Recurrent) with 20mg IV Lasix (if not contraindicated) and ^{68}Ga-PSMA-11, 5mCi)

History/Indication/Dx: ____________________

Do any of the following apply to this order?
☐ Biopsy planning ☐ Active surveillance ☐ Radiation therapy ☐ Planned robotic prostate surgery
☐ Abnormal PSA but negative biopsies candidate ☐ Deciding on surgery vs. other treatment planning

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
☐	☐	Diabetes? If so, is it controlled with: ☐ medication? ☐ insulin?
☐	☐	Insulinoma (pancreatic tumor that secretes insulin)?
☐	☐	Hemorrhoids or rectal bleeding?
☐	☐	Part of a clinical trial? Which? __________
☐	☐	Anal fissure or similar condition?
☐	☐	Prior surgery and/or radiation therapy to the anus or rectum or prostate? __________
☐	☐	Pacemaker? (Needs review with Radiology Pacemaker Clinic for MR compatibility)
☐	☐	Metal in hips or pelvis? What kind? __________
☐	☐	Inflammatory bowel disease or other rectal inflammation?

Ordering Provider: Print: ____________________ Date:__________

Signature:____________________

☐ I opt-out from authorizing the Radiologist from modifying the parameters of this test (including contrast) as medically necessary based on the clinical indications for the study. By checking this box and opting-out, I will have to resubmit a new order if changes are recommended.