



1250 South Tamiami Trail Suite 103 Sarasota, FL 34239 PH: (941) 951-2100 FX: (941) 951-2110



Tax ID# 204363724

# Multi-Parametric 3.0T MRI of the Prostate Order

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Patient DOB: \_\_\_\_\_ Appt Date/Time: \_\_\_\_\_

Insurance: \_\_\_\_\_ # \_\_\_\_\_

Creatinine Test  Comparison Films: Yes  No  Where \_\_\_\_\_

**Mp 3T MRI Prostate w/wo (including DCE & DWI) CPT Code 72197**

**Reason(s) for exam (or diagnosis). Check all that apply**

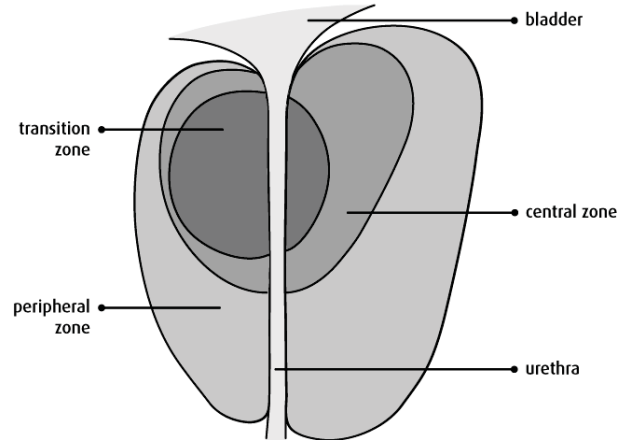
PSA : \_\_\_\_\_ Date \_\_\_\_\_

- Elevated PSA / Postive DRE
- Pre Biopsy planning
- Post Biopsy evaluation for hidden lesions \*
- Restaging Prostate Cancer / Post Therapy
- Prostate Cancer / Therapy Planning
- Other

### Optional Services

- Endorectal coil (preferred when re-staging of disease)
- Spectroscopy

Prostate Zones



\* Mp MRI should only be performed 6 weeks or more after TRUS biopsy

Referring Physician Name: \_\_\_\_\_

Signature: \_\_\_\_\_

CC to: (1) \_\_\_\_\_

CC to: (2) \_\_\_\_\_

I authorize Partners Imaging Centers to determine whether or not contrast is necessary for the above exam. I certify that the tests ordered are medically necessary for the diagnosis and treatment of this patient

- STAT
- Call Report