UCLA Health

DOB:

Theatthe						
uclahealth.org/radiology/prostate						
Scheduling: (310) 301-680		1035	Creatinine:			
			Any Location Preferred Radiology Location:			
ATTN Scheduler: Enter into Comments all CHECKED BOXES and Notes						
Prostate MRI Imaging, PET/CT and/or MR-Targeted Biopsy Order Form						
MRI Focused	MRI Survey	MRI Survey	PET-CT w DX	Targeted Biopsy: In Bore		
Protocol (Detection/	w/wo contrast	w/o contrast	CT neck-	MRI- or MRI-US Fusion Biopsy		
Biopsy Planning) + 3D	(No 3D) Protocol	(No 3D) Protocol	chest-abd-	(IMG5587)		
Volume (IMG5563+IMG5603)	(IMG5563)	(IMG5562)	pelvis w/ con;	- In Bore MRI real-time		
- DCE + DWI but	- No 3D post	- No contrast only		- Transperineal MR-US fusion		
without endorectal coil,	processing	- No 3D post	PET-MRI w DX	- Utilize previous prostate		
limiting patient's time	Not appropriate	processing	MR neck-	MRI &/or PSMA or Axumin		
in the scanner.	<u>for biopsy</u>		chest-abd-	PET (local or non-UCLA) to		
Common uses:	<u>planning.</u>	Common uses:	pelvis w/ con;	biopsy suspicious prostate		
- Biopsy planning	Common uses:	- Family history		lesions and lymph nodes		
- Active surveillance	- Lesion detection	- No prior	PSMA	- Takes about 1 hour of table		
- Therapy planning	- Active	diagnosis	⁶⁸ GaGOZETOTIDE	time with conscious sedation.		
- High PSA with neg bx	surveillance		¹⁸ Fpiflufolastat/			
Options:	- Follow-up		(PYLARIFY)	Options:		
No contrast	- High PSA with	Options:	¹⁸ F Posluma	🗌 Trans-perineal (WW)		
(IMG5562+IMG5603)	negative biopsy	Pacemaker	¹⁸ F fluciclovine	🗌 Trans-gluteal (WW)		
3D Mobile Fusion	Options:	(WW)	Axumin			
Protocol:	Pacemaker		/ Martini	Pacemaker (WW)		
Pacemaker (WW)	(WW)					
Focal, Whole Gland and Lymph Node Ablative Therapy: TULSA IIRE Cryotherapy						
History/Indication/Dx:						
Do any of the following apply to this order?						
Biopsy planning	Active surveillance	Radiation therapy	Planned robot	ic prostate surgery		

Patient Name:

Biopsy planning Active surveillance Radiation therapy Planned robotic prostate surgery Focal Therapy Planning Abnormal PSA but negative biopsies candidate					
Date of last prostate biopsy ? Result? Date of prior prostate MRI? PET? 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 Ondition 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 rectal cancer, bladder cancer or lymphoma ? 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: 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. Rev.10/2024