



Prostate MRI Referral Form

415 East Rolling Oaks Drive, Suite 125, Thousand Oaks, CA 91361
1901 N. Rice Ave, Suite 145, Oxnard, CA 93030

To schedule: (805) 357-0067 Fax (805) 778-1116

Today's Date: _____ **Office Contact:** _____

PATIENT INFORMATION

Last Name: _____ First Name: _____ DOB: ___/___/___
Address: _____ SSN: _____ - _____ - _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone/Other: _____

Insurance Carrier Name: _____ Contact: _____

Call patient to schedule exam

PHYSICIAN INFORMATION

Report: Fax Preliminary Report Phone Report Routine Report

CC: _____

PROCEDURE INFORMATION

Patient History: _____

PSA: _____

Results, Prior Biopsy if available and Meds Treatment:

Physician's Signature _____ **Date** _____

Please check the requested Imaging Protocol:

1. **Detection Protocol:** for patients with a negative TRUS biopsy and unexplained elevated PSA. Scan will consist of protocols of T2 imaging, DCE, and DWI. No endo coil, no spectroscopy. Routine MRI Safety Screen plus IV contrast prep.
2. **Cancer Staging Protocol:** for patients who have had a recent biopsy proving cancer. Scan will include above protocol, plus in addition the study will be performed **with** an endo coil for optimal resolution, and IV contrast for the DCE sequences. Prep as above. This protocol should be used for active surveillance patients.
3. **Bones and Nodes Protocol:** if a patient has a high pretest probability of metastatic prostate cancer, we will perform Bones and Nodes Protocol' and image the Pelvis, Lumbar spine, and Thoracic spine with T1 weighted images and diffusion/STIR images looking for bone metastasis and abnormal lymph nodes.
4. **MR Guided Prostate: Biopsy** requires one of the above protocols to be done prior to biopsy

APPOINTMENT CONFIRMATION (To be completed and faxed back to you by Brynna)

Date: _____ Time: _____ am / pm Scheduled by: _____

Patient Prep

Patient can have clear liquids 4 hours prior to exam, plus their usual medication.
Patient needs to be well hydrated the day before the exam.

Allow 30 minutes in addition to scan time, for check-in, registration, restroom and discussion with radiologist.

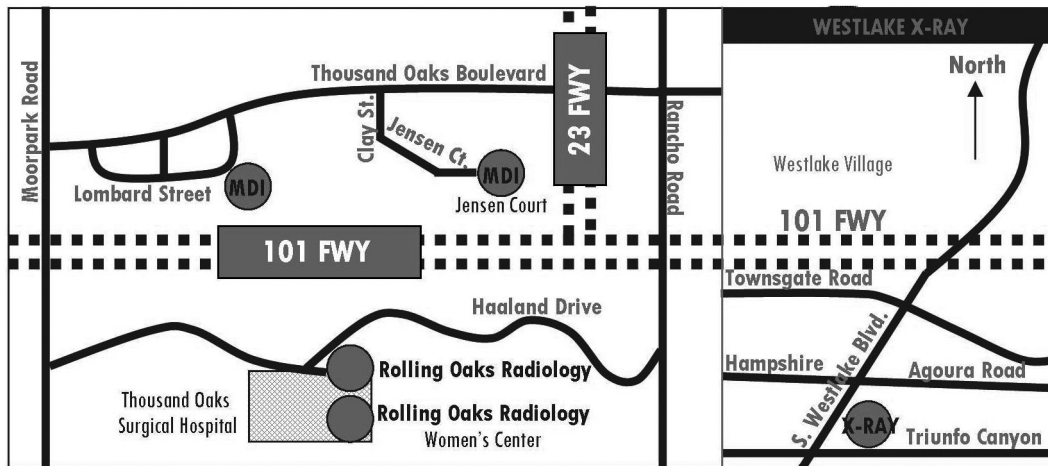
Out of Town Travel Information

Directions to Rolling Oaks Radiology from Burbank airport:

Head south on N Hollywood Way 3.0 mi
Turn Right at W Alameda Ave
Merge onto CA-134 W 1.7 mi
Keep Left to take US-101 N toward Ventura 29.6 mi
Take the Rancho Rd exit,
Turn left onto S Rancho Rd 0.3 mi
Turn right onto Haaland Dr. 0.6 mi
415 Rolling Oaks Dr is on the left at the roundabout

Directions to Rolling Oaks Radiology from Los Angeles airport:

Exit LAX going towards Century Blvd exit
Take Century Blvd ramp onto I-405 towards Sacramento
Merge onto I-405 N and follow for 16.2 mi
Merge toward US-101 N toward Ventura and follow for 24.6 mi
Take the Rancho Rd exit,
Turn left onto S Rancho Rd 0.3 mi
Turn right onto Haaland Dr. 0.6 mi
415 Rolling Oaks Dr is on the left at the roundabout



Local Hotel Information

Hyatt Westlake Village - 880 S. Westlake Blvd, Westlake Village, 91361
805-557-1234

Hampton Inn - 30255 Agoura Road, Agoura Hills 91301, 818-597-0333

Renaissance Inn – 30100 Agoura Rd, Agoura Hills 91301, 818-707-1220