



Patient Referral Form

Scheduling: 717.291.1016 or 888.MRI.1377

Fax: 717.509.8642 • Web Site: www.MRIGroup.com

Appointment Scheduled For: Date: _____ Time: _____ : _____ ^{AM} / _{PM} Location: 2104 Harrisburg Pike, Lancaster, PA 17601 (Suburban Outpatient Pavilion)

Patient Name: _____
 Date of Birth: _____ Phone: _____
 Physician: _____ Physician Phone: _____
 Insurance Plan _____ I.D.# _____ Auth.# _____
 ICD-9: _____ Physician Signature: _____

PROSTATE MRI REFERRAL FORM

72197 – MRI Prostate w/wo Contrast w/ Endorectal Coil

All prostate MRI studies utilizing the endorectal coil are done at the Suburban Outpatient Pavilion on a large bore Siemens 1.5T magnet.

Reason For Exam:

- | | |
|---|---|
| <input type="checkbox"/> Active surveillance | <input type="checkbox"/> Brachytherapy planning |
| <input type="checkbox"/> Abnormal PSA but negative biopsy | <input type="checkbox"/> Restaging/local recurrence |
| <input type="checkbox"/> Surgical staging | <input type="checkbox"/> Radiotherapy planning |
| <input type="checkbox"/> Biopsy planning | <input type="checkbox"/> Other: _____ |

Patient History:

What is the PSA (if known)? _____ Date? _____ Trend? _____
 When was the last biopsy (date)? _____ Result? _____

Must wait at least 8 weeks following prostate biopsy

Is there a palpable abnormality felt by clinician? Yes No

Does the patient have a history of prostatitis? Yes No

Is the patient using Avodart or Finasteride medications? Yes No

Does the patient have a family history of prostate cancer? Yes No

Does the patient have severe hemorrhoids? Yes No

If yes, please contact Dr. Lee or Dr. Lawrence in Radiology (717.544.4900)

Has the patient had previous colorectal surgery? Yes No

If so, please contact Dr. Lee or Dr. Lawrence in Radiology (717.544.4900)

Patient Prep:

NPO 6-hrs prior to study. May take medications with small amount of water.

Light meals day prior to exam.

No sexual intercourse or ejaculation for 72 hrs. prior to exam.



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Bring all Medicare, supplemental insurance, or other health plan forms and data with you. We participate with most major insurance companies and will submit the insurance claims for you. To allow adequate time for your diagnostic study, please arrive 30 minutes before your scheduled appointment.

If you are unable to make your scheduled appointment, please call us immediately at one of the phone numbers listed above to let us know and arrange for a convenient time to reschedule.

NOTE: Billing Information • All insurance authorizations and precertifications should be obtained under the name MRI Group.

1 Location

Harrisburg Pike (Suburban Outpatient Pavilion)

(at Lancaster General Health Campus)

2104 Harrisburg Pike
Lancaster, Pennsylvania 17601

From Lancaster: From Route 30 West take the Harrisburg Pike exit and turn right onto Harrisburg Pike. Travel West on Harrisburg Pike past Park City Mall.

The entrance to the Lancaster General Health Campus is located on the left at the third traffic signal. Follow signs to the entrance at building 2104.

From York: From Route 30 East take the Millersville exit and turn left onto Rohrerstown Road. Turn right into LGH Health Campus. Follow the signs to the Main Entrance.

