**Division of Urologic Surgery**

**MRI Guided/Fusion Prostate Biopsy Program**

Thank you for referring your patient to the Division of Urologic Surgery for MRI Guided/ Fusion Prostate Biopsy. Next available biopsy date will be offered to patients. If this is an urgent request, please note on this form.

*Please note that patient will be scheduled for a consult visit prior to biopsy if referred by non-affiliated provider.*

***Before requesting fusion biopsy, please ensure the following is complete –***

* **Registration:** Confirm that patient is registered in OMR. If not, have the patient contact 617-754-8240 to register as a patient with BIDMC.
* **MRI:** If MRI was performed outside of BIDMC, please have MRI transferred to BIDMC via the Life Image application. If image cannot be transferred using Life Image, please have patient provide disc to your office and upload MRI to Life Image. *Please note it is the responsibility of the referring office. Please email* [*urologyfusionbx@bidmc.harvard.edu*](mailto:urologyfusionbx@bidmc.harvard.edu) *if you encounter any issues.*

**Referring Provider Information**

**Referring Provider:**

**Office Number:**

**Patient Demographic Information**

**Patient Name:**

**DOB:**

**MRN (BIDMC):**

**Patient Phone Number:**

**Primary Insurance Plan:**

**Subscriber ID #:**

**Secondary Insurance Plan:**

**Subscriber ID #:**

**Clinical Information**

**Diagnosis □** elevated PSA **□** Prostate Cancer on surveillance **□** other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MRI Date & Location:**

**Most Recent PSA:**

**Date of last clinic visit:**

**Please select: □** Targeted biopsy only (all PI-RAD 3-5 lesions)

□ Systematic 12 core biopsy + targeted biopsy

**Prior Prostate Biopsy:** □ Yes □ No *If yes, please briefly discuss findings.*

**Anti-coagulation:** *Please specify anticoagulation medications patient is on and plan to stop or interrupt before biopsy and when to resume after biopsy.*

**Antibiotic:** *Please confirm you have prescribed patient antibiotic for procedure. Our recommendation is**Cefpodoxime 200mg tab - 2 tablets (400mg) - 2 hours prior to biopsy.*

**Allergies:**

**Please describe plan for communication of fusion biopsy results with patient:**

**Upon form completion, please *scan and email this form to*** [***urologyfusionbx@bidmc.harvard.edu***](mailto:urologyfusionbx@bidmc.harvard.edu)***.***

***Please call 617-667-3739 with any questions!***