RVH
Royal Victoria
Regional Health Centre

Prostate Ultrasound Requisition
Imaging Services

PATIENT NAME: _____

DOB: _____

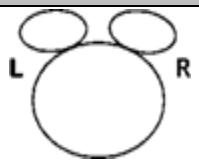
HRN: _____

☐ Standard Prostate Biopsy (12 core) ☐ Extended Prostate Biopsy (18 core)

Clinical Information and History

*PSA: Total_____ ng/mL Ratio: _____
*5ARI Therapy (within past 6 months) : Y / N / Unknown
Family History: Y N
Diagnosis:

Findings:



Previous Prostate Biopsy:	☐ NO	☐ YES	Location:_____	Date: _____
Previous Prostate MRI:	☐ NO	☐ YES	Location:_____	Date: _____
Previous Surgery:	☐ NO	☐ YES	Location:_____	Date: _____
Previous XRT:	☐ NO	☐ YES	Location:_____	Date: _____
Hormones: (excl. 5ARI)	☐ NO	☐ YES	Location:_____	Date: _____

SA / NSAID / Arthritis Medications	☐ No	☐ Yes (no need to stop)
Coumadin® (Warfarin) / Pradaxa® (Dabigatran) / Plavix® (Clopidegrel) / Brilinta® (Ticagrelor)	☐ No	☐ Yes (stop 5 days prior to biopsy)
Xarelto® (Rivaroxaban) / Eliquis® (Apixaban) Lixiana® (Edoxaban)	☐ No	☐ Yes (stop 48 hours prior to biopsy)

Consider bridging anticoagulation for high risk patients (atrial fibrillation, recent blood clot, artificial heart valve or cardiac stent less than 6 months old).

All patients require a prescription for Cipro XL 1000 mg daily x 3 days starting the day before the biopsy.

All patients with prosthetic heart valves require a prescription with Amoxicillin 2 gm 1 hour before the biopsy.

Copy of Report to Dr.:

_____
(Attending)

_____
(Family)

Date of Procedure: _____
(DD/MM/YYYY)

Allergies & other relevant medical/surgical history:

Referring Physician Signature: