

MRI PROSTATE ORDER FORM

Patient name: _____

Phone: _____

Diagnosis: _____

If PSA (prostate-specific antigen) is elevated, please include value: _____

- MRI Prostate with perfusion with and without contrast.
(72197— MRI Pelvis with and without contrast)
- MRI Prostate post prostatectomy with and without contrast
(72197—MRI Pelvis with and without contrast)
- MRI Prostate radiation treatment planning
(72195— MRI Pelvis without contrast)

Appointment date: _____

Appointment time: _____

Arrival time: _____

Ordering physician: _____

Signature: _____ Date: _____

Scheduling phone: 512-458-9098

Scheduling fax: 512-836-8869

Appointment location:

- ARA Cedar Park – 12800 W. Parmer Ln, #200, Cedar Park, TX 78613
(512) 485-7199 • ausrad.com
- ARA Kyle – 4211 Benner Rd., #100, Kyle, TX 78640
(512) 776-1150 • ausrad.com
- ARA Medical Park Tower – 1301 W. 38th St., #118, Austin, TX 78705
(512) 454-7380 • ausrad.com
- ARA Southwood – 1701 Ben White Blvd., #170, Austin, TX 78704
(512) 428-9090 • ausrad.com
- ARA Wilson Parke – 11714 Wilson Parke Ave., #175, Austin, TX 78726
(512) 519-3457 • ausrad.com