



MIDDLETOWN MEDICAL IMAGING

3T MRI OPEN MRI CT ULTRASOUND DIGITAL XRAY

PROSTATE MRI QUESTIONNAIRE

Date: _____

Name: _____ DOB: ___/___/___ AGE: _____

Please answer the following questions regarding your MRI today:

1. Are you having this exam due to PSA levels on recent bloodwork? Yes No
2. What are your PSA Results? _____
3. Have you had a previous Prostate MRI? Yes No
If yes, please list where so we can obtain prior reports: _____
4. Have you had pelvic or prostate surgery? Yes No
5. Do you have a history of prostate cancer? Yes No
6. Have you had a prostate biopsy performed? Yes No
If yes, what were the results of the biopsy? _____
7. Have you had a prostectomy? Yes No

Patient's Signature

Date

Time

Tech Initials

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