(718) 428-1500

MSR MAIN STREET RADIOLOGY

32nd Avenue Office
32-25 Francis Lewis Blvd.
Bayside, New York 11358

Northern Blvd. Office
44-01 Francis Lewis Blvd.
Bayside, New York 11361

Downtown Flushing Office
136-25 37th Ave.
Flushing, New York 11354

MRI PROSTATE QUESTIONNAIRE

Patient Name: _____ DOB: _____

Appointment Date: _____ Appointment Time: _____

Referring Physician: _____ Phone: _____ Fax: _____

Please fax this form back to 718/428-2475

1. What are your PSA results? _____

2. Was a prostate biopsy performed? Yes or No (circle one)

3. What is the result of the biopsy? Negative or Positive (circle one)

4. What is your Gleason score? _____

5. Has there been any therapy for prostate cancer? Yes or No (circle one)

6. If yes, what kind of therapy? _____

Filled out by: _____ Date: _____