

BIOPSY UNDER CONTROL OF MRI AND TRUS FUSION - PATIENT CARD

DATE OF BIOPSY:.....

NAME AND SURNAME:.....

A. BODY WEIGHT:.....HIGHT:.....PHONE NO:.....

C) NICOTINISM: **YES/NO** PACK-YEAR.....

D) MEDICAL INTERVIEW ON PROSTATE CANCER IN THE FAMILY: **YES/NO**

E) DRE: **CORRECT/INCORRECT**

F) BIOPSY ON MEDICAL INTERVIEW: **YES/NO** BIOPSY NUMBER.....

IF YES --- HISTOLOGICAL - PATHOLOGICAL TEST RESULTS

G) PSA VALUE:..... FPSA:..... THE HIGHEST PSA WAVE IN INTERVIEW:.....

H) INFLAMMATION OF THE PROSTATE IN INTERVIEW: **YES/NO**

I) DISTURBANCES OF MICTION: **YES/NO** NYCTURIA: **YES/NO**

J) STATE AFTER TURP: **YES/NO** USE OF TESTOSTERONE: **YES/NO**

K) PHARMACOLOGICAL THERAPY BPH: **YES/NO** NAME OF THE DRUG.....

L) HISTORY OF PELTER OPERATIONS **YES/NO** M) RADIOTHERAPHY OF PELVIS **YES/NO**

N) CHRONIC DISEASES.....

O) BIOPSY TIME (MIN)..... P) COMPLICATIONS: **YES/NO**

R) TRUS: WxHxL..... vol..... TRUS TNM:.....

S.) MR: WxHxL..... vol..... MR TNM:.....

PIRADS:

ROI NUMBER:.....

ROI DIMENSIONS:

IS ROI SUSPECT IN TRUS? **YES/NO**

