CancerCare Manitoba
ActionCancerManitoba

Manitoba Prostate Centre
ON3200 (3rd floor)
675 McDermot Ave
Winnipeg, MB R3G 1C3
Phone: 204-787-4436
Fax: 204-786-0637

Patient Information (Addressograph or Sticker)

Alternate Contact Person: _____
Phone Number: _____
Need for translator: ☐ Yes ☐ No
Language: _____
Does the patient have special needs?
Wheelchair: ☐ Stretcher: ☐ Portable Oxygen: ☐
Other: _____

Referring Physician Information

- **Physician Name:** _____
- **Clinic Name:** _____
- **Phone Number:** _____
- **Fax Number:** _____

- **Type of Consult Requested (check all that apply):**
  - ☐ Biopsy Prostate
  - ☐ Fiducial Seed Insertion
  - ☐ Transperineal Biopsy
  - ☐ MRI Fusion Biopsy

(For Fusion Biopsy - MRI must be completed at St. Boniface Hospital or Health Sciences Centre within 12 months of this referral)

Blood Work and PSA Levels

- **Patient Age:** _____
- **PSA Level:** _____ (Date:_____)
- **Nodule Present:** ☐ Yes ☐ No
- **Additional Blood Work Results: (Please attach results if available)**
  - ☐ CBC
  - ☐ Biochemistry
  - ☐ LFTs
  - ☐ Other:

_____

Bleeding Disorder: ☐ Yes ☐ No
If YES specify: _____
Patient on Anticoagulant: ☐ Yes ☐ No
If YES specify: _____

Please ensure the patient's anticoagulant is reviewed by the referring doctor and held or discontinued, if appropriate.

ATTENTION TO Referring Physician: Please prescribe one of the following pre-procedural antibiotics

Ciprofloxacin	500 mg orally BID begin the day before procedure x 3 days
Fosfomycin	3g orally 3-4 hours pre-procedure - repeat 24 hours later

Manitoba Prostate Office Use ONLY:

Appointment Date and Time: _____

Accepting Physician: _____