HURON PERTH HEALTHCARE ALLIANCE

Huron Perth Healthcare Alliance

RECTAL MRI FOR CANCER STAGING

Clinical Information Form

Dear Physician,

Thank you for completing the information below when ordering an MRI of the Rectum for staging of rectal carcinoma. This greatly facilitates the radiologist's interpretation.

Please fax this form to bookings, along with the general MRI requisition for the appropriate site.

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1. Does the patient have biopsy-confirmed rectal carcinoma? ☐ Yes ☐ No

2. Is the tumor palpable on DRE? ☐ Yes ☐ No

   Distance from anal verge: _____cm

3. If the patient has had previous therapy, please complete the following:

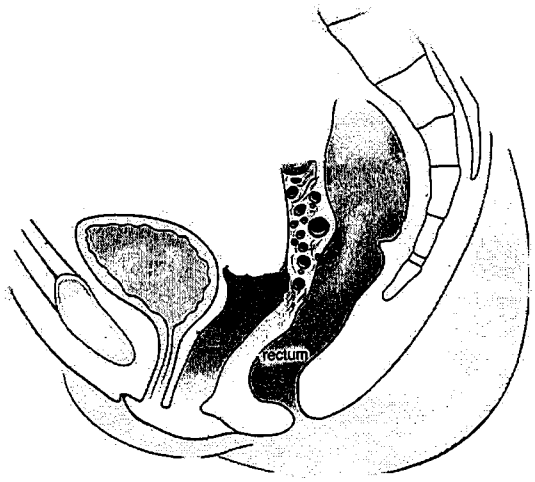
   (a) Surgery:
   Date of surgery:_____

   Type of surgery:_____

   (b) Chemotherapy:
   Date of last cycle:_____

   (c) Radiotherapy:
   Date of last treatment:_____

   (d) Histology:
   Mucinous ☐
   Non-mucinous ☐



When possible, please indicate tumor location on diagram above · (for MRI planning purposes)

☐ Unable to assess

4. Additional pertinent clinical information (optional):