

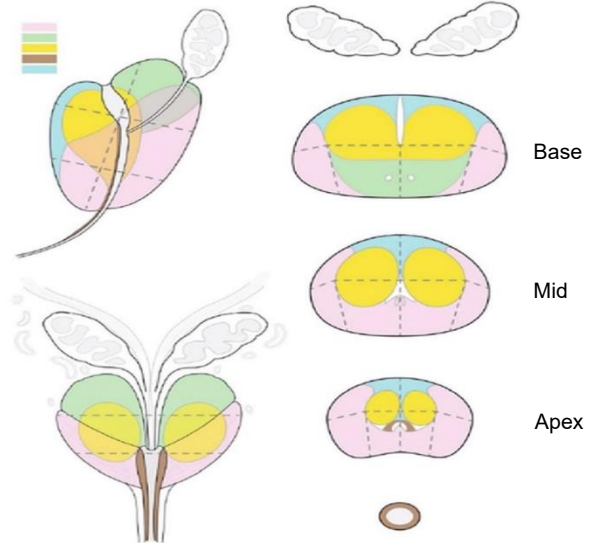
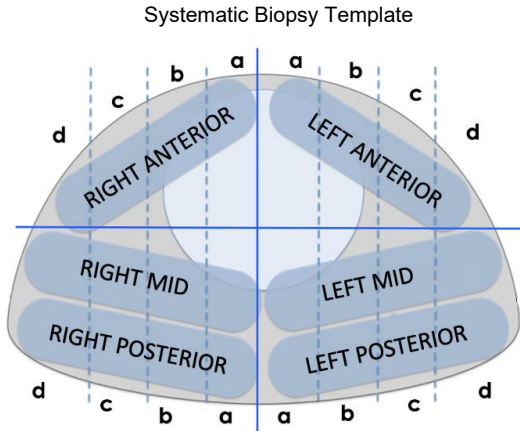


IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

TRANSPERINEAL PROSTATE BIOPSY

Date:
Name:
MRN:

Targeted Biopsy - MRI Lesions



Targeted Biopsy

	Description	PIRADS	# Cores
MRI LESION 1			
MRI LESION 2			
MRI LESION 3			
MRI LESION 4			

Systematic Biopsy

	# Cores		# Cores
RIGHT ANTERIOR		LEFT ANTERIOR	
RIGHT MID		LEFT MID	
RIGHT POSTERIOR		LEFT POSTERIOR	

Prostate volume: _____ mL

Total number of cores: _____