

PATIENT LAST NAME: _____ PATIENT FULL FIRST NAME: _____ TODAY'S DATE: _____ DATE OF BIRTH: _____

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT): _____

ICD-10: _____

PHYSICIAN SIGNATURE (REQUIRED): _____
PHYSICIAN NAME (PRINTED OR STAMPED): _____
PHYSICIAN ADDRESS: _____

PATIENTS: CALL TO MAKE AN APPOINTMENT TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO RX@ZPRAD.COM

WORKERS' COMPENSATION Date of Accident: _____
Employer name/phone: _____
Insurance co. name/address: _____ Claim# or SS#: _____

NO FAULT Date of Accident: _____ Ins. co. name/address: _____
Claim#: _____ Adjuster name: _____

PLEASE NOTE: NYS MANDATES THAT MEDICARE RECIPIENTS MUST BE REFERRED BY THEIR PRIMARY MD FOR ANY RADIOLOGY STUDY.

MRI (MAGNETIC RESONANCE IMAGING)

27 MRI Pelvis: No IV Contrast 72195
 Pelvic Pain
 Sacral/Coccyx Pain
 SI Joint Pain

40 MRI Cervical Spine: No IV Contrast 72141
 Neck Pain
 Numbness
 Radiculopathy
 Disc Herniation
 Trauma

42 MRI Thoracic Spine: No IV Contrast 72146
 Pain
 Disc Herniation
 Radiculopathy
 Trauma
 Compression Fracture

44 MRI Lumbar Spine: No IV Contrast 72148
 Lower Back Pain
 Numbness
 Trauma
 Disc Herniation
 Radiculopathy
 Leg Pain

49 Other _____

ULTRASOUND

SPECIFY: _____

OTHER

X-RAY

122 X-Ray Chest
 Chest
 Right Ribs
 Left Ribs
 Bilateral Ribs
 Sternum
 Sternoclavicular Joints

124 X-Ray Spine
 All Films Performed Upright
 Cervical AP, LAT & APOM
 Add Obliques
 Add Lateral Flexion/Extension
 Add AP Right & Left Lateral Bending
 Thoracic AP, LAT
 Add Obliques
 Lumbar AP, LAT
 Add Obliques
 Add Lateral Flexion/Extension
 Add AP Bending To R & L
 Sacrum/Coccyx
 Scoliosis Series (Always Upright)

129 Other _____

CT (COMPUTED TOMOGRAPHY)

78 CT Pelvis: No Oral, No IV Contrast 72192
 Bony Pelvis
 SI Joints
 Sacrum/Coccyx

84 CT Cervical Spine: No IV Contrast 72125

85 CT Thoracic Spine: No IV Contrast 72128

86 CT Lumbar Spine: No IV Contrast 72131

99 Other _____

MRI MUSCULOSKELETAL

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Pelvis - MSK	MRI Pelvis Non Contrast	Muscle / Tendon Tear Pelvic Pain Sacrum/ Coccyx SI Joints	72195	27

MRI SPINE

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Spine: Cervical	MRI Cervical Spine Non Contrast	Degenerative Disease Disc Herniation Extremity Pain/Weakness Neck Pain Radiculopathy Trauma	72141	40
Spine: Cervical	MRI Cervical Spine Pre and Post IV Contrast	Discitis Mass/Lesion Osteomyelitis	72156	41
Spine: Thoracic	MRI Thoracic Spine Non Contrast	Back Pain Compression Fx Disc Herniation Radiculopathy Stenosis Trauma	72146	42
Spine: Thoracic	MRI Thoracic Spine Pre and Post IV Contrast	Discitis Mass/Lesion Osteomyelitis	72157	43
Spine: Lumbar	MRI Lumbar Spine Non Contrast	Back Pain Compression Fx Disc Herniation Radiculopathy Trauma	72148	44
Spine: Lumbar	MRI Lumbar Spine Pre and Post IV Contrast	Osteomyelitis Post Lumbar Surgery (<10 yrs) Discitis Mass/Lesion	72158	45

