

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

