

PATIENT LAST NAME	PATIENT FULL FIRST NAME	TODAY'S DATE	DATE OF BIRTH
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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 <b>Non</b> Contrast	Muscle / Tendon Tear Pelvic Pain Sacrum/ Coccyx SI Joints	72195	<b>27</b>

**MRI SPINE**

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

