

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) \_\_\_\_\_ 135 Rockmart Ave, Elmont, NY 11003  
T: (516) 354-5600 F: (516) 354-1480

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

<b>MRI</b> (MAGNETIC RESONANCE IMAGING)	<b>X-RAY</b>
<p><b>1 MRI Brain: No IV Contrast</b> 70551  <input type="checkbox"/> Stroke <input type="checkbox"/> Dizziness  <input type="checkbox"/> Transient Ischemic Attack <input type="checkbox"/> Trauma  <input type="checkbox"/> Headache <input type="checkbox"/> Cine Flow Study (78630)  <input type="checkbox"/> Dementia <input type="checkbox"/> Seizures  <input type="checkbox"/> Memory Loss <input type="checkbox"/> Multiple Sclerosis</p> <p><b>2 MRI Brain: Pre + Post IV Contrast</b> 70553  <input type="checkbox"/> Brain Tumor <input type="checkbox"/> Seizures  <input type="checkbox"/> Metastasis <input type="checkbox"/> Bell's Palsy  <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Cranial Nerve Lesion  <input type="checkbox"/> Pituitary Adenoma <input type="checkbox"/> Spectroscopy (76390)  <input type="checkbox"/> Internal Auditory Canals</p> <p><b>3 MRA Head: No IV Contrast</b> 70544  <input type="checkbox"/> Aneurysm <input type="checkbox"/> Vertebrobasilar Syndrome  <input type="checkbox"/> Pulsatile Tinnitus <input type="checkbox"/> Arteriovenous Malformation  <input type="checkbox"/> Dizziness <input type="checkbox"/> Visual Field Defect  <input type="checkbox"/> Syncope</p> <p><b>7A MRI TMJ No IV Contrast</b> 70336</p> <p><b>7B MRI TMJ Pre + Post IV Contrast</b> 70336</p> <p><b>9 MRI Soft Tissue Neck: Pre + Post IV Contrast</b> 70543  <input type="checkbox"/> Nasopharynx Mass <input type="checkbox"/> Neck Mass  <input type="checkbox"/> Tongue/Floor of Mouth Mass <input type="checkbox"/> Parotid Mass  <input type="checkbox"/> Vocal Cord Paralysis <input type="checkbox"/> Infection</p> <p><b>10 MRA Neck: No IV Contrast</b> 70547  <input type="checkbox"/> Stenosis</p> <p><b>11 MRA Neck: Pre + Post IV Contrast</b> 70549  <input type="checkbox"/> Stenosis <input type="checkbox"/> Dizziness  <input type="checkbox"/> Bruit <input type="checkbox"/> Stroke</p> <p><b>12 MRI Breast: Pre + Post IV Contrast</b> 77049  <input type="checkbox"/> Breast Cancer  <input type="checkbox"/> Family History of Breast Cancer  <input type="checkbox"/> BRCA1/BRCA2 Positive</p> <p><b>13 MRI Breast: No IV Contrast</b> 77047  <input type="checkbox"/> Implant Rupture</p> <p><b>15 MRI Chest: Pre + Post IV Contrast</b> 71552  <input type="checkbox"/> Chest Wall Mass <input type="checkbox"/> Abscess  <input type="checkbox"/> Mediastinum Mass <input type="checkbox"/> Pericardial Disease</p> <p><b>16 MRI Chest: No IV Contrast</b> 71550  <input type="checkbox"/> Pectoralis Tear <input type="checkbox"/> SC Joint Pain  <input type="checkbox"/> Sternal Trauma <input type="checkbox"/> Brachial Plexus</p> <p><b>17 MRI Heart: Pre + Post IV Contrast</b> 75561  <input type="checkbox"/> Myocardial Perfusion <input type="checkbox"/> Cardiac Function  <input type="checkbox"/> Myocardial Infarct <input type="checkbox"/> Ejection Fraction</p> <p><b>18 MRA Chest: Post IV Contrast</b> 71555  <input type="checkbox"/> Thoracic Aneurysm <input type="checkbox"/> Dissection  <input type="checkbox"/> Pulmonary Vein Mapping</p> <p><b>20 MRI Abdomen Pre + Post IV Contrast</b> 74183  <input type="checkbox"/> Abnormal Liver Functions <input type="checkbox"/> Pancreatitis  <input type="checkbox"/> Hemangioma <input type="checkbox"/> Renal Mass  <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Hematuria  <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Adrenal Mass</p> <p><b>21 MRI Abdomen Pre + Post IV Contrast with MRCP</b> 74183/58037  <input type="checkbox"/> Biliary Obstruction <input type="checkbox"/> Jaundice  <input type="checkbox"/> Pancreatitis</p> <p><b>22 MRI Abdomen No IV Contrast</b> 74181  <input type="checkbox"/> Hemachromatosis (1.5 Tesla Only)  <input type="checkbox"/> Ductal Stones</p> <p><b>23 MRA Abdomen Post IV Contrast Only</b> 74185  <input type="checkbox"/> Abdominal Aneurysm <input type="checkbox"/> Hypertension  <input type="checkbox"/> Mesenteric Arterial Stenosis</p>	<p><b>24 MRI Enterography: Pre + Post IV Contrast; with Glucagon</b> 74183/72197  <input type="checkbox"/> Crohn's Disease  <input type="checkbox"/> Small Bowel Tumor  <input type="checkbox"/> Celiac Disease</p> <p><b>26 MRI Pelvis: Pre + Post IV Contrast</b> 72197  <input type="checkbox"/> Ovarian Mass <input type="checkbox"/> Fistula  <input type="checkbox"/> Fibroids <input type="checkbox"/> Rectocele  <input type="checkbox"/> Endometrioma <input type="checkbox"/> Cystocele  <input type="checkbox"/> Adenomyosis <input type="checkbox"/> Prostate Cancer  <input type="checkbox"/> Rectal Staging  <input type="checkbox"/> Benign Prostatic Hyperplasia</p> <p><b>27 MRI Pelvis: No IV Contrast</b> 72195  <input type="checkbox"/> Pelvic Pain  <input type="checkbox"/> SI Joint Pain  <input type="checkbox"/> Sacral/Coccyx Pain</p> <p><b>29 MRI Upper Extremity Joint: No IV Contrast</b> 73221  <input type="checkbox"/> R <input type="checkbox"/> L Shoulder Indications: <input type="checkbox"/> Fracture  <input type="checkbox"/> R <input type="checkbox"/> L Elbow <input type="checkbox"/> Joint Pain <input type="checkbox"/> Labral Tear  <input type="checkbox"/> R <input type="checkbox"/> L Wrist <input type="checkbox"/> Arthritis <input type="checkbox"/> Ligament Tear  <input type="checkbox"/> Bursitis <input type="checkbox"/> Tendon Tear</p> <p><b>32 MRI Upper Extremity Non-Joint: No IV Contrast</b> 73218  <input type="checkbox"/> R <input type="checkbox"/> L Humerus Indications:  <input type="checkbox"/> R <input type="checkbox"/> L Forearm <input type="checkbox"/> Fracture  <input type="checkbox"/> R <input type="checkbox"/> L Hand <input type="checkbox"/> Muscle Tear  <input type="checkbox"/> R <input type="checkbox"/> L Finger Specify#: _____ <input type="checkbox"/> Tendon Tear</p> <p><b>34 MRI Lower Extremity Joint: No IV Contrast</b> 73721  <input type="checkbox"/> R <input type="checkbox"/> L Hip Indications: <input type="checkbox"/> Meniscal Tear  <input type="checkbox"/> R <input type="checkbox"/> L Knee <input type="checkbox"/> Pain <input type="checkbox"/> Ligament Tear  <input type="checkbox"/> R <input type="checkbox"/> L Ankle <input type="checkbox"/> Fracture <input type="checkbox"/> Cartilage Tear  <input type="checkbox"/> Internal Derangement <input type="checkbox"/> Instability  <input type="checkbox"/> Labral Tear</p> <p><b>37 MRI Lower Extremity Non-Joint: No IV Contrast</b> 73718  <input type="checkbox"/> R <input type="checkbox"/> L Femur/Thigh Indications:  <input type="checkbox"/> R <input type="checkbox"/> L Tib/Fib / Calf <input type="checkbox"/> Fracture  <input type="checkbox"/> R <input type="checkbox"/> L Foot <input type="checkbox"/> Muscle Tear  <input type="checkbox"/> R <input type="checkbox"/> L Toe Specify#: _____ <input type="checkbox"/> Tendon Tear</p> <p><b>39 MRA ABD/PEL and Lower Extremity Runoff: Post IV Contrast</b> 74185, 72198, 73725, 73725  <input type="checkbox"/> Claudication</p> <p><b>40 MRI Cervical Spine: No IV Contrast</b> 72141  <input type="checkbox"/> Neck Pain <input type="checkbox"/> Disc Herniation  <input type="checkbox"/> Numbness <input type="checkbox"/> Trauma  <input type="checkbox"/> Radiculopathy</p> <p><b>41 MRI Cervical Spine: Pre + Post IV Contrast</b> 72156  <input type="checkbox"/> Syrinx <input type="checkbox"/> Tumor/Mass  <input type="checkbox"/> Discitis <input type="checkbox"/> Osteomyelitis  <input type="checkbox"/> Multiple Sclerosis</p> <p><b>42 MRI Thoracic Spine: No IV Contrast</b> 72146  <input type="checkbox"/> Pain <input type="checkbox"/> Trauma  <input type="checkbox"/> Disc Herniation <input type="checkbox"/> Compression Fracture  <input type="checkbox"/> Radiculopathy</p> <p><b>43 MRI Thoracic Spine: Pre + Post IV Contrast</b> 72157  <input type="checkbox"/> Syrinx <input type="checkbox"/> Tumor/Mass  <input type="checkbox"/> Discitis <input type="checkbox"/> Osteomyelitis  <input type="checkbox"/> Multiple Sclerosis</p> <p><b>44 MRI Lumbar Spine: No IV Contrast</b> 72148  <input type="checkbox"/> Lower Back Pain <input type="checkbox"/> Disc Herniation  <input type="checkbox"/> Numbness <input type="checkbox"/> Radiculopathy  <input type="checkbox"/> Trauma <input type="checkbox"/> Leg Pain</p> <p><b>45 MRI Lumbar Spine: Pre + Post IV Contrast</b> 72158  <input type="checkbox"/> Discitis <input type="checkbox"/> Tumor/Mass  <input type="checkbox"/> Post-Op</p> <p><b>49 Other</b></p>
	<p><b>120 X-Ray Head</b>  <input type="checkbox"/> Skull  <input type="checkbox"/> Nasal Bones  <input type="checkbox"/> Facial Bones  <input type="checkbox"/> Sinus  <input type="checkbox"/> Orbits For Foreign Body  <input type="checkbox"/> Orbits-Complete</p> <p><b>121 X-Ray Neck</b>  <input type="checkbox"/> Soft Tissue Neck Lateral  <input type="checkbox"/> Mandible  <input type="checkbox"/> TMJ <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left</p> <p><b>122 X-Ray Chest</b>  <input type="checkbox"/> Chest  <input type="checkbox"/> Right Ribs  <input type="checkbox"/> Left Ribs  <input type="checkbox"/> Bilateral Ribs  <input type="checkbox"/> Sternum  <input type="checkbox"/> Sternoclavicular Joints</p> <p><b>123 X-Ray Abdomen And Pelvis</b>  <input type="checkbox"/> KUB (Supine Only)  <input type="checkbox"/> Supine And Upright  <input type="checkbox"/> Pelvis  <input type="checkbox"/> Sacroiliac Joints  <input type="checkbox"/> Hysterosalpingogram  <input type="checkbox"/> Esophogram  <input type="checkbox"/> Sitz Marker Study  <input type="checkbox"/> Upper GI  <input type="checkbox"/> Upper GI/Small Bowel  <input type="checkbox"/> Small Bowel Series</p> <p><b>124 X-Ray Spine</b>  <input type="checkbox"/> Cervical  <input type="checkbox"/> Add Lateral Flexion/Extension  <input type="checkbox"/> Add AP Right &amp; Left Lateral Bending  <input type="checkbox"/> Thoracic  <input type="checkbox"/> Lumbar  <input type="checkbox"/> Obtain Lumbar Films Upright  <input type="checkbox"/> Add Lateral Flexion/Extension  <input type="checkbox"/> Add AP Bending To R &amp; L  <input type="checkbox"/> Sacrum/Coccyx  <input type="checkbox"/> Scoliosis Series (Always Upright)</p> <p><b>125 X-Ray Extremities</b>  <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BILATERAL  <input type="checkbox"/> Clavicle  <input type="checkbox"/> A/C Joints  <input type="checkbox"/> Shoulder  <input type="checkbox"/> Scapula  <input type="checkbox"/> Humerus  <input type="checkbox"/> Elbow  <input type="checkbox"/> Forearm  <input type="checkbox"/> Wrist  <input type="checkbox"/> Bone Age  <input type="checkbox"/> Hand  <input type="checkbox"/> Finger Specify #: _____  <input type="checkbox"/> Pelvis <input type="checkbox"/> Weight-Bearing  <input type="checkbox"/> Hip <input type="checkbox"/> Weight-Bearing  <input type="checkbox"/> Femur  <input type="checkbox"/> Knee <input type="checkbox"/> Weight-Bearing  <input type="checkbox"/> Tibia/Fibula  <input type="checkbox"/> Ankle  <input type="checkbox"/> Calcaneus  <input type="checkbox"/> Foot <input type="checkbox"/> Weight-Bearing  <input type="checkbox"/> Toe Specify #: _____</p> <p><b>126 Skeletal Xray Survey</b></p> <p><b>129 Other</b></p>

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**CT (COMPUTED TOMOGRAPHY)**

- 50 CT Head: No IV Contrast 70450**  
 Transient Ischemic Attack     Dementia  
 Stroke     Seizures  
 Bleed     Trauma  
 Headaches     Multiple Sclerosis
- 51 CT Head: Post IV Contrast Only 70460**  
 Infection     Diplopia
- 52 CT Head: Pre + Post IV Contrast 70470**  
 Brain Tumor     Abscess  
 Metastasis     Meningitis
- 57 CT Maxillofacial/Sinus: No IV Contrast 70486**  
 Sinusitis     Swelling  
 Facial Bone Trauma
- 57A Maxillofacial/Sinus: Post IV Contrast 70487**  
 Post-op     Osteomyelitis
- 62 CT Soft Tissue Neck: No IV Contrast 70490**  
 Salivary Stone     Swelling
- 63 CT Soft Tissue Neck: Post IV Contrast ONLY 70491**  
 Neck Mass     Adenopathy
- 66 CT Chest: No IV Contrast 71250**  
 Cough     Atelectasis  
 Lung Nodule     COPD  
 Asbestosis     Fibrosis  
 Effusion     Calcium Scoring  
 Congestive Heart Failure
- 67 CT Lung Cancer Screening: No IV Contrast G0297 or S0832 (depends on insurance)**
- 68 CT Chest: Post IV Contrast ONLY 71260**  
 Hilar Adenopathy     Hemoptysis  
 Central Lung Cancers     Infection  
 Lung Mass
- 69 CTA Chest: Post IV Contrast Only 71275**  
 Aneurysm     Aortic Dissection  
 Pulmonary Embolism     Pulmonary Vein
- 70 CTA Coronary Arteries: Post IV Contrast Only 75574**  
 Stenosis     Occlusion
- 71 CT Calcium Scoring: No IV Contrast (self pay)**
- 72 CT Abdomen and Pelvis: Yes Oral, No IV Contrast 74176**  
 Appendicitis     Abdominal Pain  
 Diverticulitis     Fever  
 Bloating
- 73 CT Abdomen and Pelvis: No Oral, No IV Contrast 74176**  
 Stonehunt
- 74 CT Abdomen and Pelvis: Yes Oral, Post IV Contrast Only 74177**  
 Enterography     Lymphoma
- 75 CT Abdomen: Yes Oral, Pre + Post IV Contrast and Pelvis: Post IV Contrast 74178**  
 Oncology Follow-Up     Breast Cancer  
 Colon Cancer     Cervical Cancer
- 76A CTA Abdomen and Pelvis: Yes Oral 74174**
- 77 CT Abdomen: Yes Oral, Pre + Post IV Contrast 74170**  
 Adrenal Mass     Elevated LFT'S  
 Pancreatic Mass     Cirrhosis  
 Pancreatitis     Fatty Liver  
 Liver Mass     Renal Mass
- 84 CT Cervical Spine: No IV Contrast 72125**
- 85 CT Thoracic Spine: No IV Contrast 72128**
- 86 CT Lumbar Spine: No IV Contrast 72131**

- 87 CT R L Upper Extremity: No IV Contrast 73200**  
 Fracture     Clavicle     Humerus     Wrist  
 Pain     Shoulder     Elbow     Hand  
     Scapula     Forearm     Fingers
- 88 CT R L Upper Extremity: Post IV Contrast Only 73201**  
 Tumor     Clavicle     Humerus     Wrist  
 Infection     Shoulder     Elbow     Hand  
     Scapula     Forearm     Fingers

**CT (COMPUTED TOMOGRAPHY) CONT'D**

- 90 CT R L Lower Extremity: No IV Contrast 73700**  
 Fracture     Hip     Tib/Fib     Foot  
 Pain     Femur     Ankle     Toes  
     Knee
- 91 CT R L Lower Extremity: Post IV Contrast Only 73701**  
 Tumor     Hip     Tib/Fib     Foot  
 Infection     Femur     Ankle     Toes  
     Knee
- 93 CTA Upper Extremity R L Post IV Contrast 73206**  
 Stenosis     Occlusion
- 94 CTA Lower Extremity R L Post IV Contrast 73706**  
 Stenosis     Occlusion
- 99 Other**

**NUCLEAR MEDICINE**

- 210** Thyroid Uptake And Scan 78014
- 211** Thyroid I-131 Treatment 79005
- 212** Parathyroid with SPECT 78071
- 215** MUGA 78472
- 216** HIDA 78226     with CCK 78227
- 217** Kidneys With Flow And Function (DTPA) 78707
- 218** Kidneys With Lasix (DTPA) 78708
- 219** Gastric Emptying 78264
- 220** Bone Scan-Whole Body 78306
- 221** Bone Scan 3 Phase 78315  
 Region \_\_\_\_\_
- 222** Bone Scan Spect 78320  
 Region \_\_\_\_\_
- 229 Other**

**PET** PLEASE FAX SCRIPT AND CLINICAL NOTES TO: 631-992-6464

- PET/CT**  
**200** Brain 78608 PET  
**201** Skull Base To Mid Thighs 78815  
**202** Whole Body 78816
- PET with MRI for attenuation correction**  
**204** Brain 78608 PET  
**205** Skull Base To Mid Thighs 78812  
**206** Whole Body 78813

**DEXA**

- 160** Dexa Hips, Lumbar, Wrist 77080
- 161** Dexa Hips, Lumbar 77080
- 162** Dexa with LVA 77085
- Indications:** \_\_\_\_\_

**MAMMOGRAPHY**

- 150** Screening With 3D Tomosynthesis  
 Bilateral     R     L
- 150A** Screening     Bilateral     R     L
- 151** Diagnostic With 3D Tomosynthesis  
 Bilateral     R     L
- 151A** Diagnostic     Bilateral     R     L
- 152** Male Diagnostic With 3D Tomosynthesis  
 Bilateral     R     L

**ULTRASOUND**

- 101** US Neck 76536  
 Neck     Thyroid     Parotid
- 103** US Breast  
 Complete 76641     Bilateral     Right     Left  
 Limited 76642     Bilateral     Right     Left  
 Dense Breast     Lump  
 Abnormal/inconclusive Mammography
- 104** US Abdomen  
 Abdomen Complete 76700  
 Abdomen RUQ Only 76705  
 Renal/Retroperitoneum Complete 76770  
 Renal Transplant including Doppler 76776  
 Aorta 76775
- 105** US Pelvis  
 Gyn Transabdominal Only 76856  
 Gyn Transvaginal Only 76830  
 Gyn Transvaginal AND Transabdominal 76856/76830  
 Hysterosonogram 58340/76831  
 Bladder 76857  
 Male Pelvis 76856  
 Prostate (Transrectal) 76872  
 Groin     R     L 76882  
 Testicular/Scrotal 76870
- 107** US Vascular / Cardiac  
 Carotid Doppler 93880  
 Dizziness and giddiness     Localized swelling  
 Syncope/Collapse     Mass/Lump Neck  
 Neck Pain     Echocardiogram 93306  
 Complete Abdominal Doppler 93975  
 Renal Artery Doppler 93975
- 108** Extremity Doppler Ultrasound  
 Venous for DVT     Upper     Lower  
 Bilateral 93970     Right 93971     Left 93971  
 Pain     Edema  
 Difficulty walking     Shortness of breath
- Arterial Upper  
 Bilateral 93930     Right 93931     Left 93931
- Arterial Lower  
 Bilateral 93925     Right 93926     Left 93926  
 Atherosclerosis     Claudication     Pelvic Pain
- 119** Other ---

**INTERVENTIONAL/BIOPSY**

- 170** US Breast FNA 10005 First Lesion/10006 Add'l Lesions  
 Specify Region \_\_\_\_\_
- 171** US Core Biopsy 19083 (includes post procedure mammo)  
 Specify Region \_\_\_\_\_
- 172** Stereotactic Biopsy 19081 (includes post procedure mammo)  
 Specify Region \_\_\_\_\_  
 Perform targeted US first, if lesion identified, biopsy under US
- 173** MRI Breast Biopsy 19085  
 Specify Region \_\_\_\_\_  
 Perform targeted US first, if lesion identified, biopsy under US
- 179** Other \_\_\_\_\_