

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)

920 Atlantic Ave, Baldwin Harbor, NY 11510

T: (516) 623-8700 F:(516) 623-3746

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

CT (COMPUTED TOMOGRAPHY)

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
 Hilair 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)

99 Other _____

MRI (MAGNETIC RESONANCE IMAGING)

15 MRI Chest: Pre + Post IV Contrast 71552
 Chest Wall Mass Abscess
 Mediastinum Mass Pericardial Disease

16 MRI Chest: No IV Contrast 71550
 Pectoralis Tear
 Sternal Trauma
 SC Joint Pain
 Brachial Plexus

17 MRI Heart: Pre + Post IV Contrast 75561
 Myocardial Perfusion
 Myocardial Infarct
 Cardiac Function
 Ejection Fraction

18 MRA Chest: Post IV Contrast 71555
 Thoracic Aneurysm
 Pulmonary Vein Mapping
 Dissection

14 MRI and MRA Thoracic Outlet: Pre+Post IV Contrast 71555/71552
 Numbness
 Thoracic Outlet Syndrome

49 Other _____

X-RAY

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

129 Other _____

PET

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

PET/CT
 201 Skull Base To Mid Thighs 78815
 PET with MRI for attenuation correction
 205 Skull Base To Mid Thighs 78812

ULTRASOUND

102 US Chest 76604
 Diaphragm Motion Lump

107 US Vascular / Cardiac
 Carotid Doppler 93880
 Echocardiogram 93306

108 Extremitiy 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 _____

NUCLEAR MEDICINE

213 Stress - Treadmill 78452
214 Stress-Pharmacologic 78452/J2785
215 MUGA 78472
229 Other _____

ZWANGER-PESIRI RADIOLOGY



SCAN TO SCHEDULE YOUR
APPOINTMENT or go to
schedule.zprad.com

