ZWANGER-PESIRI RADIOLOGY

HAK SOO BAE, MD

(718) 732-0222 中文专线 (718) 696-0188 한국어 (718) 696-0189 zprad.com

PATIENT LAST NAME | PATIENT FULL FIRST NAME | TODAY'S DATE | DATE OF BIRTH

PATIENT ADDRESS | PATIENT PHONE

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

ICD-10:

PHYSICIAN SIGNATURE (REQUIRED)

142-04 Bayside Ave #8L Flushing NY 11354
T: (718) 445-6477 F: (718) 445-6933

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.

DX
Subjective: _____

Objective: _____

DX
History of Surgery: _____

Reason: _____

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** _____

ZP RAD

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

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	TOWN	ADDRESS	TRANSIT	FAX NUMBER
MANHATTAN	HARLEM	324W 125th St, 10027	A C B D M3, M10, M100, M101, M60, BX15	(718) 696-0767
BRONX	PARKCHESTER	1888 Westchester Ave, 10472	6 Q44, BX4, BX4A, BX36, BX39	(718) 696-0193
BROOKLYN	COBBLE HILL	205 Smith Street, 11201	F G B57	(718) 684-7425
	CROWN HTS	1128 Eastern Pkwy, 11213	2 3 4 B14, B17, B46	(718) 684-7438
QUEENS	BAYSIDE	213-02 Northern Blvd, 11361	Q12, Q13, Q27, Q31, QM3, n20, n20G	(718) 684-7423
	ELMHURST	88-12 Queens Blvd, 11373	R M Q59, Q60	(718) 684-7427
	LAURELTON	231-35 Merrick Blvd, 11413	Q5	(718) 684-7421
	OZONE PARK	102-34 Atlantic Ave, 11416	Q24	(718) 684-7429