ZWANGER-PESIRI RADIOLOGY

(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

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT): _____ **ICD-10:** _____

PHYSICIAN SIGNATURE (REQUIRED)

☐ **Leslie G. Bennett MD, PC**
135-40 78th Dr, Flushing, NY 11367 • T:(718) 380-8500 F:(718) 380-1436

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

MRI

☐ 3T Wide-Bore ☐ 1.5T Wide-Bore ☐ 1.2 Open-Sided
☐ Either 3T or 1.5T Wide-Bore

☐ With & without contrast ☐ No contrast

☐ With I.V. sedation

Neuro/ENT/Spine
☐ Brain
☐ Orbits
☐ Pituitary
☐ IAC
☐ Cervical spine
☐ Thoracic spine
☐ Lumbar spine
☐ Sacrum/coccyx
☐ CSF Flow
☐ DTI
☐ Perfusion
☐ MR spectroscopy
☐ TMJ
☐ Soft tissue neck/parotid

Orthopedic
☐ Shoulder ☐ R ☐ L
☐ Upper arm ☐ R ☐ L
☐ Elbow ☐ R ☐ L
☐ Forearm ☐ R ☐ L
☐ Wrist ☐ R ☐ L
☐ Hand ☐ R ☐ L
☐ Finger ☐ R ☐ L
Specify _____
☐ Pelvis ☐ R ☐ L
☐ Hip ☐ R ☐ L
☐ Thigh ☐ R ☐ L
☐ Knee ☐ R ☐ L
☐ Lower leg ☐ R ☐ L
☐ Ankle ☐ R ☐ L
☐ Foot ☐ R ☐ L
☐ Toe ☐ R ☐ L
☐ Cartilage mapping
☐ MR arthrogram
Specify _____

MRA
☐ Carotid MRA
☐ Intracran/circle of Willis
☐ Intracran/MR venogram
☐ MR venogram
Specify _____
☐ NOVA
☐ Carotid
☐ Aortic arch
☐ Abdominal aorta only
☐ Renal arteries
☐ Mesenteric arteries
☐ Aorta/lower extremities

Chest & Body
☐ Chest
☐ Breast MRI
☐ Cardiac MRI
☐ Function ☐ Viability
☐ Mediastinum
☐ Brachial plexus
☐ Scapula
☐ Sternum
☐ Thoracic outlet
☐ Abdomen
Specify _____
☐ Pelvis
☐ Dynamic pelvis/ MR defogram
☐ Prostate
☐ Enterography
☐ MRCP
☐ Rectal MRI

☐ Other _____

MRI/PET

☐ Add MR intraveneous contrast if needed
PET Only Auth#: _____

☐ 78608 Brain PET
☐ 78812 Top of head to mid thigh
☐ 78813 Top of head to toes (melanoma protocol)
☐ 78813 NaF-18 bone metastasis (whole body)

☐ With additional MRI Body region: _____
MRI Auth#: _____

CT

☐ With Contrast ☐ Without Contrast ☐ With & Without Contrast
☐ Oral Contrast Only ☐ IV Contrast Only ☐ Oral & IV Contrast

CT Angiography
☐ Coronary artery CTA with calcium scoring (needs contrast)
☐ Chest CTA/PE
☐ Calcium scoring only
☐ CT angiogram (needs contrast)
☐ Intracranial
☐ Carotid
☐ Aortic arch/thoracic aorta
☐ Renal
☐ Lower extremity run off

Neuro/ENT
☐ Brain
☐ Orbits
☐ Temporal bones
☐ Paranasal sinuses
☐ Soft tissues neck

Musculoskeletal
☐ Joint
Specify _____
☐ Extremity
Specify _____
☐ Scanogram

Spine
☐ Cervical
☐ Thoracic
Specify levels _____
☐ Lumbar
☐ Sacrum/coccyx

Body
☐ Stone hunt
☐ Hematuria
☐ Chest only
☐ Soft tissues neck/chest/ abdomen/pelvis
☐ Soft tissues neck only
☐ Chest/abdomen/pelvis
☐ Abdomen/pelvis
☐ Enterography
☐ Abdomen only
☐ Pelvis only
☐ Triple phase liver

☐ Other _____

Nuclear Medicine

☐ Bone scan
☐ Add SPECT if needed
☐ Whole body
☐ 3 phase
Region _____
☐ Cardiac
☐ Myocardial perfusion stress study
☐ With treadmill/ exercise
☐ With pharm. agent
☐ MUGA (gated blood pool)

☐ Thyroid
☐ Uptake & scan
☐ I-131 treatment
Dose _____
☐ HIDA/DISIDA
☐ With cholecystokinin
☐ Renal
☐ With lasix washout
☐ DTPA
☐ Parathyroid
☐ Gastric emptying

☐ Other _____

PET/CT

☐ Add CT intravenous contrast if needed
PET/CT Auth#: _____

☐ 78608 Brain PET
☐ 78815 Base of skull to mid thigh
☐ 78816 Top of head to toes (melanoma protocol)

☐ Other:

Mammography

☐ Please schedule breast sonogram appointment if needed based on the mammogram.

☐ **Screening** With 3D Tomosynthesis (no palpable finding or symptoms)
☐ Bilateral ☐ Right ☐ Left
☐ **Screening** (no palpable finding or symptoms)
☐ Bilateral ☐ Right ☐ Left

☐ **Diagnostic** With 3D Tomosynthesis-Must select reason(s)
☐ Bilateral ☐ Right ☐ Left
☐ **Diagnostic** - Must select reason(s)
☐ Bilateral ☐ Right ☐ Left

Reasons:
☐ Additional diagnostic views
☐ Short term follow up
☐ New lump, mass or thickening
☐ Old lump or mass increased in size
☐ New nipple discharge
☐ New inverted nipple
☐ Skin changes (dimpling, redness or abnormal increase in breast size)
☐ Lymphadenopathy
☐ Current use of Tamoxifen, Femara or Arimidex

DXA Bone Density

Ultrasound

☐ Breast
☐ Bilateral ☐ R ☐ L
☐ Thyroid
☐ Scrotal/testicular
☐ Transrectal prostate
☐ Pelvis (GYN)
☐ Transabdominal
☐ Transvaginal
☐ Transabdominal / Transvaginal
☐ Hysterosonogram
☐ Obstetrical
☐ Abdomen
☐ Aorta only
☐ Retroperitoneum (Renal/Bladder)

Vascular
☐ Carotid doppler
☐ Venous doppler
☐ Lower extremity
☐ R ☐ L ☐ Bilateral
☐ Upper extremity
☐ R ☐ L ☐ Bilateral
☐ Arterial doppler
☐ Lower extremity
☐ R ☐ L ☐ Bilateral
☐ Upper extremity
☐ R ☐ L ☐ Bilateral
☐ Renal arterial doppler

☐ Other _____

Echocardiogram

Interventional Biopsy

☐ Thyroid ☐ Lung ☐ Liver
☐ US Breast FNA Specify Region _____
☐ US Core Biopsy (includes post procedure mammo)
Specify Region _____
☐ Stereotactic Biopsy (includes post procedure mammo)
Specify Region _____
☐ Perform targeted US first, if lesion identified, biopsy under US
☐ MRI Breast Biopsy 1 Specify Region _____
☐ Perform targeted US first, if lesion identified, biopsy under US
☐ Other _____

Digital X-RAY

☐ Skull	☐ C spine	☐ Chest	☐ Bone age	☐ Shoulder ☐ R ☐ L	☐ Wrist ☐ R ☐ L	☐ Femur ☐ R ☐ L	☐ Foot ☐ R ☐ L
☐ Orbits	☐ T spine	☐ F/U abdomen	☐ Ribs	☐ Humerus ☐ R ☐ L	☐ Hand ☐ R ☐ L	☐ Knee ☐ R ☐ L	☐ Toes ☐ R ☐ L
☐ Facial bones	☐ L spine	☐ KUB abdomen		☐ Elbow ☐ R ☐ L	☐ Fingers ☐ R ☐ L	☐ Tibia/fibula ☐ R ☐ L	☐ Other:
☐ Nasal bones	☐ Sacrum	☐ Pelvis		☐ Forearm ☐ R ☐ L	☐ Hips ☐ R ☐ L	☐ Ankle ☐ R ☐ L	

6/19

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	TOWN	ADDRESS	TRANSIT	FAX NUMBER
MANHATTAN	HARLEM	324W 125th St, 10027	A C B D M3, M10, M100, M102, M60, BX15	(718) 696-0186
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