

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

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

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PHYSICIAN SIGNATURE (REQUIRED)

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

MRI (MAGNETIC RESONANCE IMAGING)

- 16 MRI Chest: No IV Contrast 71550
29 MRI Upper Extremity Joint: No IV Contrast 73221
30 MRI Upper Extremity Joint: Pre + Post IV Contrast 73223
31 MR Arthrogram Upper Extremity Joint:
32 MRI Upper Extremity Non-Joint: No IV Contrast 73218
33 MRI Upper Extremity Non-Joint: Pre + Post IV Contrast 73220
34 MRI Lower Extremity Joint: No IV Contrast 73721
35 MRI Lower Extremity Joint: Pre + Post IV Contrast 73723
36 MR Arthrogram Lower Extremity Joint
37 MRI Lower Extremity Non-Joint: No IV Contrast 73718
38 MRI Lower Extremity Non-Joint: Pre + Post IV Contrast 73720
27 MRI Pelvis: No IV Contrast 72195
39 MRA ABD/PEL and Lower Extremity Runoff: Post IV Contrast
40 MRI Cervical Spine: No IV Contrast 72141
41 MRI Cervical Spine: Pre + Post IV Contrast 72156
42 MRI Thoracic Spine: No IV Contrast 72146
43 MRI Thoracic Spine: Pre + Post IV Contrast 72157
44 MRI Lumbar Spine: No IV Contrast 72148
45 MRI Lumbar Spine: Pre + Post IV Contrast 72158
46 Other

CT (COMPUTED TOMOGRAPHY)

- 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 Upper Extremity: No IV Contrast 73200
88 CT Upper Extremity: Post IV Contrast Only 73201
89 CT Arthrogram Upper Extremity
90 CT Lower Extremity: No IV Contrast 73700
91 CT Lower Extremity: Post IV Contrast Only 73701
92 CT Arthrogram Lower Extremity
78 CT Pelvis: No Oral, No IV Contrast 72192
83 CTA Runoff: No Oral, Post IV Contrast Only 75635
93 Other

X-RAY

- 120 X-Ray Head
122 X-Ray Chest
124 X-Ray Spine
125 X-Ray Extremities
126 Skeletal Xray Survey
127 Other

NUCLEAR MEDICINE

- 220 Bone Scan-Whole Body 78306
221 Bone Scan 3 Phase 78315 Region
222 Bone Scan Spect 78320 Region
223 Other

ULTRASOUND

- 108 Extremity Doppler Ultrasound
109 US Extremity 76881
119 Other

INTERVENTIONAL

- 176 MSK Fluoro-Guided RT LT
Shoulder Elbow Wrist Hip Knee Ankle Foot
177 MSK Ultrasound-Guided RT LT
Shoulder Elbow Wrist Hip Knee Ankle
178 Other



TOWN	ADDRESS	TRANSIT	FAX NUMBER
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