

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

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

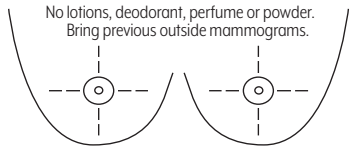
PHYSICIAN SIGNATURE (REQUIRED) _____

414 Hempstead Ave, Rockville Centre, NY 11570 T: (516) 594-1200 F: (516) 594-3099

PATIENTS:

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

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
- No lotions, deodorant, perfume or powder.
Bring previous outside mammograms.
- 

ADD BREAST ULTRASOUND IF NEEDED

MRI (MAGNETIC RESONANCE IMAGING)

- 12 MRI Breast: Pre + Post IV Contrast 77049**
 Breast Cancer
 Family History of Breast Cancer
 BRCA1/BRCA2 Positive
- 13 MRI Breast: No IV Contrast 77047**
 Implant Rupture
- 26 MRI Pelvis: Pre + Post IV Contrast 72197**
 Ovarian Mass Rectal Staging
 Fibroids Fistula
 Endometrioma Rectocele
 Adenomyosis Cystocele
- 27 MRI Pelvis: No IV Contrast 72195**
 Pelvic Pain
 Sacral/Coccyx Pain
 SI Joint Pain
- 28 MRA/MRV Pelvis: Post IV Contrast 72198**
 Pelvic Venous Thrombosis
- 49 Other** _____

DEXA

- 160 DEXA Hips, Lumbar, Wrist 77080**
- 161 DEXA Hips, Lumbar 77080**
- 162 DEXA with LVA 77085**
- Indications:** _____

X-RAY

- 122 X-Ray Chest**
- 123 X-Ray Pelvis**
 Hysterosalpingogram
- 129 Other** _____

ULTRASOUND

- 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
- 105 US Pelvis**
 Gyn Transabdominal Only 76856
 Gyn Transvaginal Only 76830
 Gyn Transvaginal AND Transabdominal 76856/76830
 Hysterosonogram 58340/76831
 Bladder 76857
- 106 US OB (1st trimester only)**
 Transabdominal Only 76801
 Transvaginal Only 76817
 Transabdominal AND Transvaginal 76801/76817
 Nuchal Translucency 76813
- 108 Extremity Doppler Ultrasound**
 Venous for DVT Lower
 Bilateral 93970 Right 93971 Left 93971
 Pain Edema
 Difficulty walking Shortness of breath
- 119 Other** _____

CT (COMPUTED TOMOGRAPHY)

- 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 Colon Cancer
 Breast Cancer Cervical Cancer
- 79 CT Pelvis: No Oral Pre + Post IV Contrast 72194** Cystogram
- 80 CT Pelvis: Yes Oral Post IV Contrast 72193** Pelvic Pain
- 99 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** _____

ABDOMEN/PELVIS CT

YES ORAL POST IV ONLY	YES ORAL PRE + POST IV
·Abdomen + Pelvis POST	·Abdomen PRE + POST ·Pelvis POST
EXAM #74 74177	EXAM #75 74178
·Bloating ·Diffuse Abdominal Pain ·Enterography ·Lymphoma	·Oncology Follow Up ·Breast Cancer ·Cervical Cancer ·Colon Cancer

MRI BODY & BODY VASCULAR

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER	
Breast	MRI Breast Pre and Post IV Contrast	Breast Cancer BRCA 1/2 Positive	Family History of Breast Cancer	77059	12
Breast	MRI Breast Non IV Contrast	Implant Rupture		77059	13
Pelvis - Female (GYN)	MRI Pelvis Pre and Post IV Contrast	Adenomyosis Endometriomas Menses Problems Pelvic Pain Uterine Anomalies Adnexal Mass Endometrial CA	Known Fibroids Ovarian CA Ovarian Cysts Pre-embolization work-up Uterine Artery Embolus Rectocele Cystocele	72197	26
Pelvis - Male	MRI Pelvis Pre and Post IV Contrast	Prostate	Rectal Staging	72197	26
BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER	
Pelvis - MRV	MRA/MRV Pelvis Post IV ONLY Contrast	Pelvic Venous Thrombosis		72198	28

