

ZWANGER-PESIRI RADIOLOGY

631-444-5544 zprad.com



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

OB/GYN

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)

Maryam Broukhim, MD
900 NORTHERN BLVD · SUITE 250 · GREAT NECK, NY 11021

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

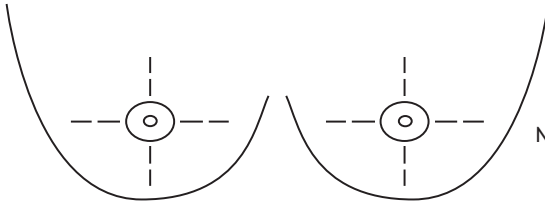
Bilateral R L

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.

MRI (MAGNETIC RESONANCE IMAGING) | ULTRASOUND

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

49 Other _____

103 US Breast

- Complete 76641
 - Bilateral Right Left
- Limited 76642
 - Bilateral Right Left
- Dense Breast
- Lump
- Abnormal/inconclusive Mammography

119 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 _____

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