



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): \_\_\_\_\_ **Yeahseon Bruinings, MD**  
34-38 Bell Blvd, Floor 5, Bayside, NY 11361 T: (718) 360-5768 · F: (718) 224-5885

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

**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  
 Hip  
 Thigh  
 Knee  
 Lower leg  
 Ankle  
 Foot  
 Toe  
 Cartilage mapping  
 MR arthrogram  
Specify \_\_\_\_\_

Other \_\_\_\_\_

**■ 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

**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 \_\_\_\_\_

**Neuro/ENT**

Brain  
 Orbits  
 Temporal bones  
 Paranasal sinuses  
 Soft tissues neck

**Musculoskeletal**

Joint  
Specify \_\_\_\_\_  
 Extremity  
Specify \_\_\_\_\_  
 Scanogram

**■ 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)  
 Other \_\_\_\_\_

**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

**■ MRI/PET**

Add MR intravenous contrast if needed  
PET Only Auth#: \_\_\_\_\_

78608 Brain PET  
 78812 Top of head to mid thigh  
 78813 Top of head to toes (melanoma protocol)

With additional MRI Body region: \_\_\_\_\_  
MRI Auth#: \_\_\_\_\_

**■ 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: \_\_\_\_\_

**■ 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  Ankle  R  L  Other: \_\_\_\_\_  
 Nasal bones  Sacrum  Pelvis  Forearm  R  L  Hips  R  L  Ankle  R  L



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

TOWN	ADDRESS	TRANSIT	FAX NUMBER
MANHATTAN HARLEM	324 W125th St, 10027	M3, M10, M100, M101, M60, BX15	(718) 696-0767
BRONX PARKCHESTER	1888 Westchester Ave, 10472	Q44, BX4, BX4A, BX36, BX39	(718) 696-0193
BROOKLYN COBBLE HILL	205 Smith Street, 11201	B57	(718) 684-7425
CROWN HTS	1128 Eastern Pkwy, 11213	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	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

