

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) _____ 165 North Village Avenue, Suite 134
Rockville Centre, NY 11570
T (516) 764-6605 F (516) 764-6243

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

MRI (MAGNETIC RESONANCE IMAGING)

- 1 **MRI Brain: No IV Contrast** 70551
 Stroke Dizziness
 Transient Ischemic Attack Trauma
 Headache Cine Flow Study (78630)
 Dementia Seizures
 Memory Loss Multiple Sclerosis
- 2 **MRI Brain: Pre + Post IV Contrast** 70553
 Brain Tumor Seizures
 Metastasis Bell's Palsy
 Multiple Sclerosis Cranial Nerve Lesion
 Pituitary Adenoma Spectroscopy (76390)
 Internal Auditory Canals
- 3 **MRA Head: No IV Contrast** 70544
 Aneurysm Vertebrobasilar Syndrome
 Pulsatile Tinnitus Arteriovenous Malformation
 Dizziness Visual Field Defect
 Syncope
- 7A **MRI TMJ No IV Contrast** 70336
- 7B **MRI TMJ Pre + Post IV Contrast** 70336
- 9 **MRI Soft Tissue Neck: Pre + Post IV Contrast** 70543
 Nasopharynx Mass Neck Mass
 Tongue/Floor of Mouth Mass Parotid Mass
 Vocal Cord Paralysis Infection
- 10 **MRA Neck: No IV Contrast** 70547
 Stenosis
- 11 **MRA Neck: Pre + Post IV Contrast** 70549
 Stenosis Dizziness
 Bruit Stroke
- 12 **MRI Breast: Pre + Post IV Contrast** 77059
 Breast Cancer
 Family History of Breast Cancer
 BRCA1/BRCA2 Positive
- 13 **MRI Breast: No IV Contrast** 77059
 Implant Rupture
- 15 **MRI Chest: Pre + Post IV Contrast** 71552
 Chest Wall Mass Abscess
 Mediastinum Mass Pericardial Disease
- 16 **MRI Chest: No IV Contrast** 71550
 Pectoralis Tear SC Joint Pain
 Sternal Trauma Brachial Plexus
- 17 **MRI Heart: Pre + Post IV Contrast** 75561
 Myocardial Perfusion
 Myocardial Infarct
 Cardiac Function
 Ejection Fraction
- 18 **MRA Chest: Post IV Contrast** 71555
 Thoracic Aneurysm Dissection
 Pulmonary Vein Mapping
- 20 **MRI Abdomen Pre + Post IV Contrast** 74183
 Abnormal Liver Functions Pancreatitis
 Hemangioma Renal Mass
 Abdominal Pain Hematuria
 Cirrhosis
 Adrenal Mass
- 21 **MRI Abdomen Pre + Post IV Contrast with MRCP** 74183/58037
 Biliary Obstruction Jaundice
 Pancreatitis
- 22 **MRI Abdomen No IV Contrast** 74181
 Hemachromatosis (1.5 Tesla Only)
 Ductal Stones
- 23 **MRA Abdomen Post IV Contrast Only** 74185
 Abdominal Aneurysm
 Hypertension
 Mesenteric Arterial Stenosis

- 24 **MRI Enterography: Pre + Post IV Contrast; with Glucagon** 74183/72197
 Crohn's Disease
 Small Bowel Tumor
 Celiac Disease
- 26 **MRI Pelvis: Pre + Post IV Contrast** 72197
 Ovarian Mass Fistula
 Fibroids Rectocele
 Endometrioma Cystocele
 Adenomyosis Prostate Cancer
 Rectal Staging
 Benign Prostatic Hyperplasia
- 27 **MRI Pelvis: No IV Contrast** 72195
 Pelvic Pain
 SI Joint Pain
 Sacral/Coccyx Pain
- 29 **MRI Upper Extremity Joint: No IV Contrast** 73221
 R L Shoulder Indications: Fracture
 R L Elbow Joint Pain Labral Tear
 R L Wrist Arthritis Ligament Tear
 Bursitis Tendon Tear
- 32 **MRI Upper Extremity Non-Joint: No IV Contrast** 73218
 R L Humerus Indications:
 R L Forearm Fracture
 R L Hand Muscle Tear
 R L Finger Specify #: _____ Tendon Tear
- 34 **MRI Lower Extremity Joint: No IV Contrast** 73721
 R L Hip Indications: Meniscal Tear
 R L Knee Pain Ligament Tear
 R L Ankle Fracture Cartilage Tear
 Internal Derangement Instability
 Labral Tear
- 37 **MRI Lower Extremity Non-Joint: No IV Contrast** 73718
 R L Femur/Thigh Indications:
 R L Tib/Fib / Calf Fracture
 R L Foot Muscle Tear
 R L Toe Specify #: _____ Tendon Tear
- 39 **MRA ABD/PEL and Lower Extremity Runoff:**
Post IV Contrast 74185, 72198, 73725, 73725
 Claudication
- 40 **MRI Cervical Spine: No IV Contrast** 72141
 Neck Pain Disc Herniation
 Numbness Trauma
 Radiculopathy
- 41 **MRI Cervical Spine: Pre + Post IV Contrast** 72156
 Syrinx Tumor/Mass
 Discitis Osteomyelitis
 Multiple Sclerosis
- 42 **MRI Thoracic Spine: No IV Contrast** 72146
 Pain Trauma
 Disc Herniation Compression Fracture
 Radiculopathy
- 43 **MRI Thoracic Spine: Pre + Post IV Contrast** 72157
 Syrinx Tumor/Mass
 Discitis Osteomyelitis
 Multiple Sclerosis
- 44 **MRI Lumbar Spine: No IV Contrast** 72148
 Lower Back Pain Disc Herniation
 Numbness Radiculopathy
 Trauma Leg Pain
- 45 **MRI Lumbar Spine: Pre + Post IV Contrast** 72158
 Discitis Tumor/Mass
 Post-Op
- 49 **Other**

X-RAY

- 120 **X-Ray Head**
 Skull
 Nasal Bones
 Facial Bones
 Sinus
 Orbits For Foreign Body
 Orbits-Complete
- 121 **X-Ray Neck**
 Soft Tissue Neck Lateral
 Mandible
 TMJ Bilateral Right Left
- 122 **X-Ray Chest**
 Chest
 Right Ribs
 Left Ribs
 Bilateral Ribs
 Sternum
 Sternoclavicular Joints
- 123 **X-Ray Abdomen And Pelvis**
 KUB (Supine Only)
 Supine And Upright
 Pelvis
 Sacroiliac Joints
 Hysterosalpingogram
 Esophogram
 Sitz Marker Study
 Upper GI
 Upper GI/Small Bowel
 Small Bowel Series
- 124 **X-Ray Spine**
 Cervical
 Add Lateral Flexion/Extension
 Add AP Right & Left Lateral Bending
 Thoracic
 Lumbar
 Obtain Lumbar Films Upright
 Add Lateral Flexion/Extension
 Add AP Bending To R & L
 Sacrum/Coccyx
 Scoliosis Series (Always Upright)
- 125 **X-Ray Extremities**
 RIGHT LEFT BILATERAL
 Clavicle
 A/C Joints
 Shoulder
 Scapula
 Humerus
 Elbow
 Forearm
 Wrist
 Bone Age
 Hand
 Finger Specify #: _____
 Pelvis Weight-Bearing
 Hip Weight-Bearing
 Femur
 Knee Weight-Bearing
 Tibia/Fibula
 Ankle
 Calcaneus
 Foot Weight-Bearing
 Toe Specify #: _____
- 126 **Skeletal Xray Survey**
- 129 **Other**

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

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

ICD-10: _____

165 North Village Avenue, Suite 134
Rockville Centre, NY 11570
T (516) 764-6605 F (516) 764-6243

PHYSICIAN SIGNATURE (REQUIRED) _____

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

- CT (COMPUTED TOMOGRAPHY)**
- 50 CT Head: No IV Contrast 70450**
 Transient Ischemic Attack Dementia
 Stroke Seizures
 Bleed Trauma
 Headaches Multiple Sclerosis
 - 51 CT Head: Post IV Contrast Only 70460**
 Infection Diplopia
 - 52 CT Head: Pre + Post IV Contrast 70470**
 Brain Tumor Abscess
 Metastasis Meningitis
 - 57 CT Maxillofacial/Sinus: No IV Contrast 70486**
 Sinusitis Swelling
 Facial Bone Trauma
 - 57A Maxillofacial/Sinus: Post IV Contrast 70487**
 Post-op Osteomyelitis
 - 62 CT Soft Tissue Neck: No IV Contrast 70490**
 Salivary Stone Swelling
 - 63 CT Soft Tissue Neck: Post IV Contrast ONLY 70491**
 Neck Mass Adenopathy
 - 66 CT Chest: No IV Contrast 71250**
 Cough Atelectasis
 Lung Nodule COPD
 Asbestosis Fibrosis
 Effusion Calcium Scoring
 Congestive Heart Failure
 - 67 CT Lung Cancer Screening: No IV Contrast G0297 or S0832 (depends on insurance)**
 - 68 CT Chest: Post IV Contrast ONLY 71260**
 Hilar Adenopathy Hemoptysis
 Central Lung Cancers Infection
 Lung Mass
 - 69 CTA Chest: Post IV Contrast Only 71275**
 Aneurysm Aortic Dissection
 Pulmonary Embolism Pulmonary Vein
 - 70 CTA Coronary Arteries: Post IV Contrast Only 75574**
 Stenosis Occlusion
 - 71 CT Calcium Scoring: No IV Contrast (self pay)**
 - 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
 - 77 CT Abdomen: Yes Oral, Pre + Post IV Contrast 74170**
 Adrenal Mass Elevated LFT'S
 Pancreatic Mass Cirrhosis
 Pancreatitis Fatty Liver
 Liver Mass Renal Mass
 - 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 □ R □ L Upper Extremity: No IV Contrast 73200**
 Fracture Clavicle Humerus Wrist
 Pain Shoulder Elbow Hand
 Scapula Forearm Fingers
 - 88 CT □ R □ L Upper Extremity: Post IV Contrast Only 73201**
 Tumor Clavicle Humerus Wrist
 Infection Shoulder Elbow Hand
 Scapula Forearm Fingers
 - 90 CT □ R □ L Lower Extremity: No IV Contrast 73700**
 Fracture Hip Tib/Fib Foot
 Pain Femur Ankle Toes
 Knee
 - 91 CT □ R □ L Lower Extremity: Post IV Contrast Only 73701**
 Tumor Hip Tib/Fib Foot
 Infection Femur Ankle Toes
 Knee
 - 99 Other** _____

- ULTRASOUND**
- 101 US Neck 76536**
 Neck
 Thyroid
 Parotid
 - 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
 Renal Transplant including Doppler 76776
 Aorta 76775
 - 105 US Pelvis**
 Gyn Transabdominal Only 76856
 Gyn Transvaginal Only 76830
 Gyn Transvaginal AND Transabdominal 76856/76830
 Hysterosonogram 58340/76831
 Bladder 76857
 Male Pelvis 76856
 Prostate (Transrectal) 76872
 Groin R L 76881
 Testicular/Scrotal 76870
 - 107 US Vascular / Cardiac**
 Carotid Doppler 93880
 Dizziness and giddiness
 Localized swelling
 Syncope/Collapse
 Mass/Lump Neck
 Neck Pain
 Echocardiogram 93306
 Renal Artery Doppler 93976
 - 108 Extremity Doppler Ultrasound**
 Venous for DVT Upper Lower
 Bilateral 93970 Right 93971 Left 93971
 Pain
 Edema
 Difficulty walking
 Shortness of breath
 - Venous for Insufficiency (lower)
 Bilateral 93970 Right 93971 Left 93971
 - Arterial Upper
 Bilateral 93930 Right 93931 Left 93931
 - Arterial Lower
 Bilateral 93925 Right 93926 Left 93926
 Atherosclerosis
 Claudication
 Pelvic Pain
 - 119 Other** ---

- NUCLEAR MEDICINE**
- 210** Thyroid Uptake And Scan 78014
 - 211** Thyroid I-131 Treatment 79005
 - 212** Parathyroid with SPECT 78071
 - 215** MUGA 78472
 - 216** HIDA 78226 with CCK 78227
 - 217** Kidneys With Flow And Function (DTPA) 78707
 - 218** Kidneys With Lasix (DTPA) 78708
 - 219** Gastric Emptying 78264
 - 220** Bone Scan-Whole Body 78306
 - 221** Bone Scan 3 Phase 78315
 Region _____
 - 222** Bone Scan Spect 78320
 Region _____
 - 229 Other** _____

- PET** PLEASE FAX SCRIPT AND CLINICAL NOTES TO: 631-992-6464
- PET/CT**
200 Brain 78608
201 Skull Base To Mid Thighs 78815
202 Whole Body 78816
203 F-18 Bone Mets (PROSTATE CANCER ONLY) 78816
 - PET with MRI for attenuation correction**
204 Brain 78608
205 Skull Base To Mid Thighs 78812
206 Whole Body 78813
207 F-18 Bone Mets (PROSTATE CANCER ONLY) 78813

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

- MAMMOGRAPHY**
- 150 Screening** Bilateral Right Left
 With 3D Tomosynthesis 77063
 - 151 Diagnostic** Bilateral Right Left
 With 3D Tomosynthesis G0279
 - 152 Male Diagnostic Mammography**
 With 3D Tomosynthesis G0279