ZWANGER-PESIRI RADIOLOGY
(718) 732-0222 中文专线 (718) 696-0188 한국어 (718) 696-0189 zprad.com

PODIATRY

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

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

______________________ **ICD-10:** ______

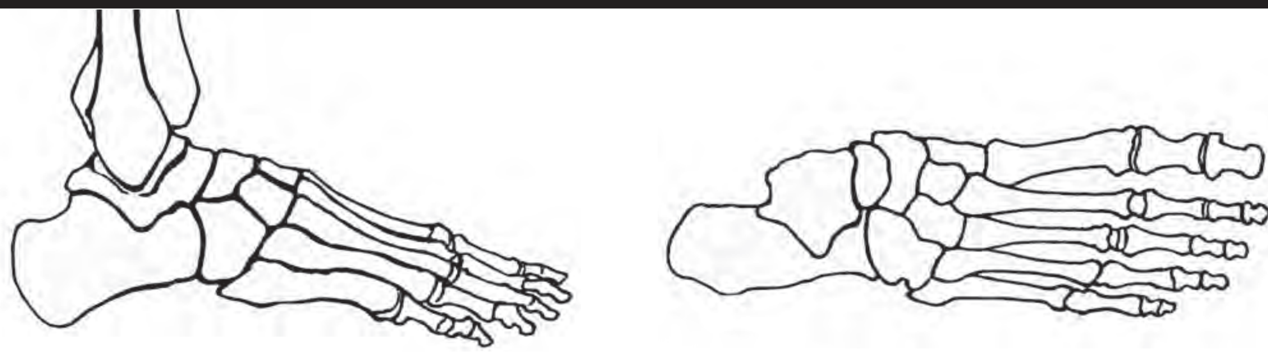
PHYSICIAN SIGNATURE (REQUIRED)

☐ **Stephanie Carter-Robin, DPM** ☐ **Rupal Oza, DPM**
84-28 Roosevelt Ave, Jackson Heights, NY 11372
T: (718) 424-4989 F: (718) 313-0464

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

Please Select Part Of Foot:	MRI no contrast	MRI pre+post contrast	CT no contrast	CT post contrast
☐R ☐L ☐Ankle	☐73721	☐73723	☐73700	☐73701
☐R ☐L ☐Heel	☐73721	☐73723	☐73700	☐73701
☐R ☐L ☐Foot	☐73718	☐73720	☐73700	☐73701
☐R ☐L ☐Toes #_____	☐73718	☐73720	☐73700	☐73701

PLEASE MARK X AT THE LOCATION OF SUSPECTED PATHOLOGY



CLINICAL INDICATIONS

PLEASE CHECK ALL THAT APPLY

NO IV CONTRAST

BONE

- ☐ Fracture/Contusion/AVN
- ☐ Osteochondritis Dissecans
- ☐ Bone Lesion
- ☐ Avascular Necrosis
- ☐ Abnormal or Inconclusive X-Ray
- ☐ Abnormal or Inconclusive Bone Scan
- ☐ Other ______

SOFT TISSUE

- ☐ Tendon Path ______
- ☐ Ligament Path ______
- ☐ Lisfranc Injury
- ☐ Plantar Fasciitis/Tear/Fibroma
- ☐ Tarsal Tunnel Syndrome
- ☐ Sinus Tarsi Syndrome
- ☐ Neuroma/Bursitis
- ☐ Swelling/Mass/Lump
- ☐ Other______

PRE + POST CONTRAST MRI

- ☐ Soft Tissue Mass/Tumor
- ☐ Cellulitis/Infection/Osteomyelitis
- ☐ Other ______

NUCLEAR MEDICINE

221 ☐ Bone Scan 3 Phase 78315

X-RAY

125 **X-Ray Extremities**

☐R ☐L ☐BILATERAL

- ☐ Tibia/Fibula
- ☐ Ankle
  - ☐ Weight-bearing
- ☐ Heel/Calcaneus
- ☐ **FOOT - AP, lateral and oblique (3 Views)**
- ☐ Weight-bearing
- ☐ Toe Specify # _____

129 **Other** ______

DIAGNOSTIC US

109 **Extremity Ultrasound** 76881

☐R ☐L

- ☐ Medial ankle
- ☐ Lateral ankle
- ☐ Heel/Achilles
- ☐ Heel/Plantar fascia
- ☐ Neuroma/plantar plate
- ☐ Soft tissue mass/lump
- ☐ Other______

INTERVENTIONAL

177 **MSK Ultrasound-Guided** ☐R ☐L

☐ Aspiration ☐ Injection

Of: ______
please specify location/joint

178 **Lab/Fluid Analysis**

- ☐ Culture & Gram Stain
- ☐ Cell Count
- ☐ FNA & Cyto/Histopathology
- ☐ Other

179 **Other**______

VASCULAR ULTRASOUND

108 **Extremity Doppler Ultrasound**

☐ **Venous for DVT** ☐ **Upper** ☐ **Lower**
☐ *Bilateral 93970* ☐ *Right 93971* ☐ *Left 93971*

☐ **Arterial** ☐ **Upper** ☐ **Lower**
☐ *Bilateral 93930* ☐ *Right 93931* ☐ *Left 93931*

119 **Other**______

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

	TOWN	ADDRESS	TRANSIT	FAX NUMBER
MANHATTAN	HARLEM	324W 125th St, 10027	A C B D M3, M10, M100, M101, M60, BX15	(718) 696-0767
BRONX	PARKCHESTER	1888 Westchester Ave, 10472	6 Q44, BX4, BX4A, BX36, BX39	(718) 696-0193
BROOKLYN	COBBLE HILL	205 Smith Street, 11201	F G B57	(718) 684-7425
	CROWN HTS	1128 Eastern Pkwy, 11213	2 3 4 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	R M 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