


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)

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 PATIENTS: TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO 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  
 Clavicle/sc joint  
 Scapula  
 Sternum  
 Thoracic outlet  
 Abdomen  
Specify \_\_\_\_\_  
 Pelvis  
 Dynamic pelvis/  
MR defogram  
 Prostate  
 Enterography  
 MRCP  
 Rectal MRI  
 Other \_\_\_\_\_

**Orthopedic**

Shoulder  R  L  
 Upper arm  R  L  
 Elbow  R  L  
 Forearm  R  L  
 Wrist  R  L  
 Hand  R  L  
 Finger  R  L  
Specify \_\_\_\_\_  
 Pelvis  R  L  
 Hip  R  L  
 Thigh  R  L  
 Knee  R  L  
 Lower leg  R  L  
 Ankle  R  L  
 Foot  R  L  
 Toe  R  L  
 Cartilage mapping  
 MR arthrogram  
Specify \_\_\_\_\_

**■ 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

**■ Nuclear Medicine**

Bone scan  
 Add SPECT if needed  
 Whole body  
 3 phase  
Region \_\_\_\_\_  
 Cardiac  
 Myocardial perfusion stress study  
 With treadmill/exercise  
 With pharm. agent  
 MUGA (gated blood pool)

Thyroid  
 Uptake & scan  
 I-131 treatment  
Dose \_\_\_\_\_  
 HIDA/DISIDA  
 With cholecystokinin  
 Renal  
 With lasix washout  
 DTPA  
 Parathyroid  
 Gastric emptying  
 Other \_\_\_\_\_

**■ 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)  
 78813 NaF-18 bone metastasis (whole body)

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)  
 78816 NaF-18 bone metastasis (whole body)

Other:

**■ Digital Mammography with CAD**

With 3D Breast Tomosynthesis

Please schedule breast sonogram appointment if needed based on the mammogram.

Screening (no palpable finding or symptoms)  
 Bilateral  Right  Left

Diagnostic - Must select reason(s)  
 Bilateral  Right  Left  
 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

**■ 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

**■ Echocardiogram**

**■ Interventional Biopsy**

Breast by stereotactic  Lung  
 Breast by ultrasound  Liver  
 Thyroid  Other:

**■ Fluoroscopy**

Esophagram  Lap band  
 UGI (includes esophagram)  Hysterosalpingogram  
 UGI & small bowel series  Other:  
 Small bowel series only

**■ DXA Bone Density**

**■ Digital X-RAY** Patients can print registration forms online

<input type="checkbox"/> Skull	<input type="checkbox"/> C spine	<input type="checkbox"/> Chest	<input type="checkbox"/> Bone age	<input type="checkbox"/> Shoulder <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Wrist <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Femur <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Foot <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Orbits	<input type="checkbox"/> T spine	<input type="checkbox"/> F/U abdomen	<input type="checkbox"/> Ribs	<input type="checkbox"/> Humerus <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Hand <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Toes <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Facial bones	<input type="checkbox"/> L spine	<input type="checkbox"/> KUB abdomen		<input type="checkbox"/> Elbow <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Fingers <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Tibia/fibula <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Other:
<input type="checkbox"/> Nasal bones	<input type="checkbox"/> Sacrum	<input type="checkbox"/> Pelvis		<input type="checkbox"/> Forearm <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Hips <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Ankle <input type="checkbox"/> R <input type="checkbox"/> L	

# ZWANGER-PESIRI RADIOLOGY

## ABDOMEN/PELVIS CT CONTRAST INFORMATION

NO ORAL NO IV	NO ORAL PRE + POST IV	NO ORAL POST IV ONLY	YES ORAL PRE + POST IV	YES ORAL NO IV	YES ORAL POST IV ONLY	YES ORAL PRE + POST IV
•Abdominal+Pelvis No contrast	•Abdomen Pre+Post •Pelvis Pre+Post	•CTA •Abdomen •Abdomen+Pelvis	•Abdomen Pre + Post	•Abdomen + Pelvis No IV Contrast	•Abdomen + Pelvis Post Contrast	•Abdomen Pre + Post •Pelvis Post
<b>74176</b>	<b>74178</b>	<b>74174</b> <b>75635 -RUN OFF</b>	<b>74170</b>	<b>74176</b>	<b>74177</b>	<b>74178</b>
•For Stone Hunt Study Only	•Urogram •Hematuria  <b>CTA ABDOMINAL AORTA TO EVALUATE STENT GRAFT 74175</b>	•Aortic Aneurysm  •Aortic Aneurysm With Runoff	•Triple Phase Liver  •Pancreas Study  •Kidney Tumor  •Adrenal Study	•Pain  •Appendicitis  •Diverticulitis	•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
Abdomen	MRI Abdomen <b>Non</b> Contrast	MRCP Hemachromatosis	74181
Abdomen	MRI Abdomen <b>Pre and Post</b> IV Contrast	Kidneys Liver Mass Adrenals Pancreas	74183
Brachial Plexus	MRI Chest <b>Non</b> Contrast	Brachial Plexus Neuropathy	71550
Chest Mediastinum	MRI Chest <b>Pre and Post</b> IV Contrast	Infection Mass Metastatic Disease Thoracic Outlet Syndrome	71552
Breast	MRI Breast <b>Pre and Post</b> IV Contrast	Breast Cancer BRCA I/2 Positive Family History of Breast Cancer	77059
Breast	MRI Breast <b>Non</b> IV Contrast	Implant Rupture	77059
Cardiac	MRI Heart <b>Pre and Post</b> IV Contrast	Myocardial Perfusion EF Myocardial Infarction	75561
Pelvis - Female (GYN)	MRI Pelvis <b>Pre and Post</b> 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
Pelvis - Male	MRI Pelvis <b>Pre and Post</b> IV Contrast	Prostate Rectal Staging	72197

