

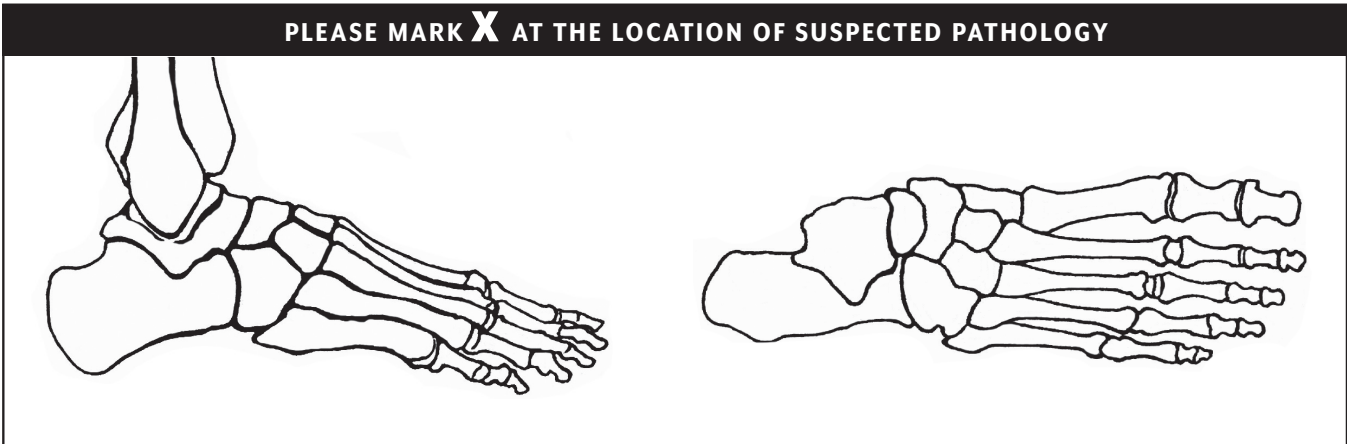
PATIENT LAST NAME \_\_\_\_\_ PATIENT FULL FIRST NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT): \_\_\_\_\_ ICD-10: \_\_\_\_\_

PHYSICIAN SIGNATURE (REQUIRED) \_\_\_\_\_  Gus A. Constantouris, R.P.H., D.P.M.  Eileen Constantouris, D.P.M.  COMMACK  EAST SETAUKET

**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
<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Ankle	<input type="checkbox"/> 73721	<input type="checkbox"/> 73723	<input type="checkbox"/> 73700	<input type="checkbox"/> 73701
<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Heel	<input type="checkbox"/> 73721	<input type="checkbox"/> 73723	<input type="checkbox"/> 73700	<input type="checkbox"/> 73701
<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Foot	<input type="checkbox"/> 73718	<input type="checkbox"/> 73720	<input type="checkbox"/> 73700	<input type="checkbox"/> 73701
<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Toes # _____	<input type="checkbox"/> 73718	<input type="checkbox"/> 73720	<input type="checkbox"/> 73700	<input type="checkbox"/> 73701



**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
  - 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 \_\_\_\_\_

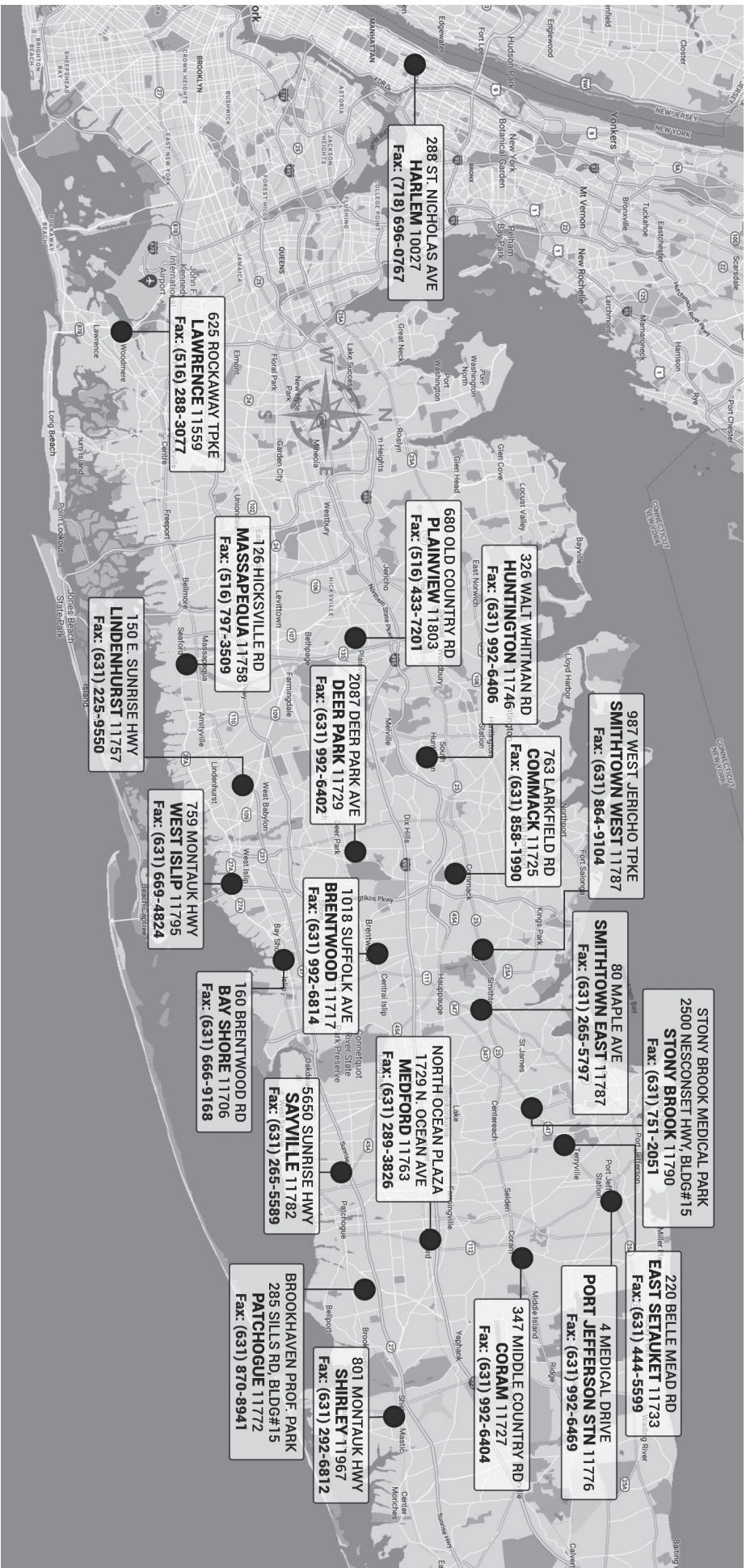
179 Other \_\_\_\_\_

**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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