



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): _____ **ORTHOMANHATTAN** 485 Madison Ave 8th Floor, New York, NY 10022
T: (917) 594-4447 • F: (646) 630-7202

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

MRI (MAGNETIC RESONANCE IMAGING)
3.0 TESLA MRI ONLY

- No CONTRAST**
- WITH & WITHOUT CONTRAST**
- Hip** R L **Please include radial views**
 - Swiss Protocol with Radials**
- MR Arthrogram Hip** R L
- Pelvis**
 - Pelvic Pain SI Joint Pain Sacral/Coccyx Pain
- MARS Protocol**

Other _____

X-RAY

- Hip**
 - R L **BILATERAL**

Other _____

CT (COMPUTED TOMOGRAPHY)

- No CONTRAST**
- WITH & WITHOUT CONTRAST**
- Hip** Fracture Pain Tumor Infection
 - Mako Protocol** (Performed at the following locations)

Harlem 324 W 125th Street New York, NY 10027	Levittown 3235 Hempstead Tpke Hempstead, NY 11756
Elmhurst 88-12 Queens Blvd Elmhurst, NY 11375	East Setauket 220 Belle Mead Rd East Setauket, NY 11733

- Arthrogram Hip** R L
- Pelvis**
 - Bony Pelvis SI Joints Sacrum/Coccyx

Other _____

CONTRAST GUIDE

MRI MUSCULOSKELETAL

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Extremity, Non Joint: Forearm Thigh Hand / Finger Lower Leg Humerus Foot / Toes	MRI Non-Joint Non Contrast Upper Extremity / Lower Extremity	Fracture / Stress Fracture Muscle / Tendon Tear	73218/73718	32/37
Extremity, Non Joint: Forearm Thigh Hand/Finger Lower Leg Humerus Foot / Toes	MRI Non-Joint Pre and Post IV Contrast Upper Extremity / Lower Extremity	(Venous Injection) Abscess Osteomyelitis Cellulitis Soft Tissue Morton's Neuroma Tumor/Mass Ulcer	73220/73720	33/38
Extremity, Joint: Shoulder Hip Elbow Knee Wrist Ankle	MRI Joint Non Contrast Upper Extremity / Lower Extremity	Arthritis Joint Pain Cartilage Tear Ligament Tear Fracture/Stress Fracture Meniscal Tear Internal Derangement Muscle / Tendon Tear	73221/73721	29/34
Extremity, Joint: Shoulder Hip Elbow Knee Wrist Ankle	MRI Joint Pre and Post IV Contrast Upper Extremity / Lower Extremity	(Venous Injection) Abscess Osteomyelitis Cellulitis Tumor / Mass Ulcer	73223/73723	30/35
Joint: Arthrogram	MRI Joint Post Contrast	Intra-articular Injection	73222/73722	31/36
Chest - MSK	MRI Chest Non Contrast	AC Joint Pain Sternum SC Joint Pain Brachial Plexus Scapula	71550	16

MRI SPINE

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Spine: Cervical	MRI Cervical Spine Non Contrast	Degenerative Disease Neck Pain Disc Herniation Radiculopathy Extremity Pain/Weakness Trauma	72141	40
Spine: Cervical	MRI Cervical Spine Pre and Post IV Contrast	Discitis Osteomyelitis Mass/Lesion	72156	41
Spine: Thoracic	MRI Thoracic Spine Non Contrast	Back Pain Radiculopathy Compression Fx Stenosis Disc Herniation Trauma	72146	42
Spine: Thoracic	MRI Thoracic Spine Pre and Post IV Contrast	Discitis Osteomyelitis Mass/Lesion	72157	43
Spine: Lumbar	MRI Lumbar Spine Non Contrast	Back Pain Radiculopathy Compression Fx Trauma Disc Herniation	72148	44
Spine: Lumbar	MRI Lumbar Spine Pre and Post IV Contrast	Osteomyelitis yrs) Discitis Post Lumbar Surgery (<10 Mass/Lesion)	72158	45

MRI BODY & BODY VASCULAR

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Brachial Plexus	MRI Chest Non Contrast	Brachial Plexus Neuropathy	71550	16
BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Peripheral Angiography	MRA Abd/Pel and Lower Extremity Runoff Post IV ONLY Contrast	Claudication	74185/ 72198/ 73725/ 73725	39

