ZWANGER-PESIRI RADIOLOGY *Tel:631-444-5544* *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

AUTH #, DATE, & TIME

Dr. Frank Desio

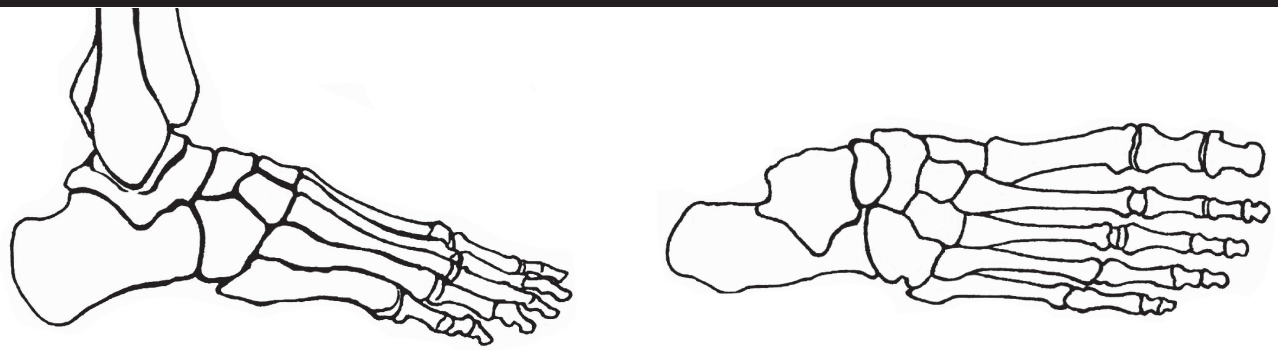
PHYSICIAN SIGNATURE (REQUIRED)

New England Village Professional Building
3771 Nesconset Hwy • Suite 106 • Centereach, NY 11720
Tel: 631-689-6760 • Fax: 631-689-6765

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
- ☐ Bone Contusion
- ☐ Osteochondritis Dissecans
- ☐ Avascular Necrosis
- ☐ Abnormal or Inconclusive X-Ray
- ☐ Abnormal or Inconclusive Bone Scan
- ☐ Other _____

SOFT TISSUE

- ☐ Tendon Pathology
- ☐ Ligament Pathology
- ☐ Lisfranc Injury
- ☐ Plantar Disease - Fibromatosis or Fasciitis
- ☐ Tarsal Tunnel Syndrome
- ☐ Sinus Tarsi Syndrome
- ☐ Neuroma
- ☐ Swelling, Mass or Lump
- ☐ Other_____

PRE + POST CONTRAST MRI

- ☐ Tumor
- ☐ Cellulitis
- ☐ Infection
- ☐ Osteomyelitis
- ☐ Other _____

NUCLEAR MEDICINE

(221) ☐ Bone Scan Whole Body 78306

(221) ☐ Bone Scan 3 Phase 78315

(229) ☐ Other

X-RAY

(125) X-Ray Extremities

☐ *R* ☐ *L* ☐ *BILATERAL*

- ☐ Tibia/Fibula
- ☐ Ankle
  - ☐ Weight-bearing
- ☐ Heel/Calcaneus
- ☐ Foot
  - ☐ Weight-bearing
- ☐ Toe Specify # _____

(129) Other _____

ULTRASOUND

(108) Extremity Doppler Ultrasound

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

- ☐ Pain
- ☐ Edema
- ☐ Difficulty Walking
- ☐ Shortness of Breath

☐ **Venous for Insuffiiciency (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

☐ **Other** _____

X-RAY

(176) MSK ☐ Fluoro-Guided ☐ R ☐ L

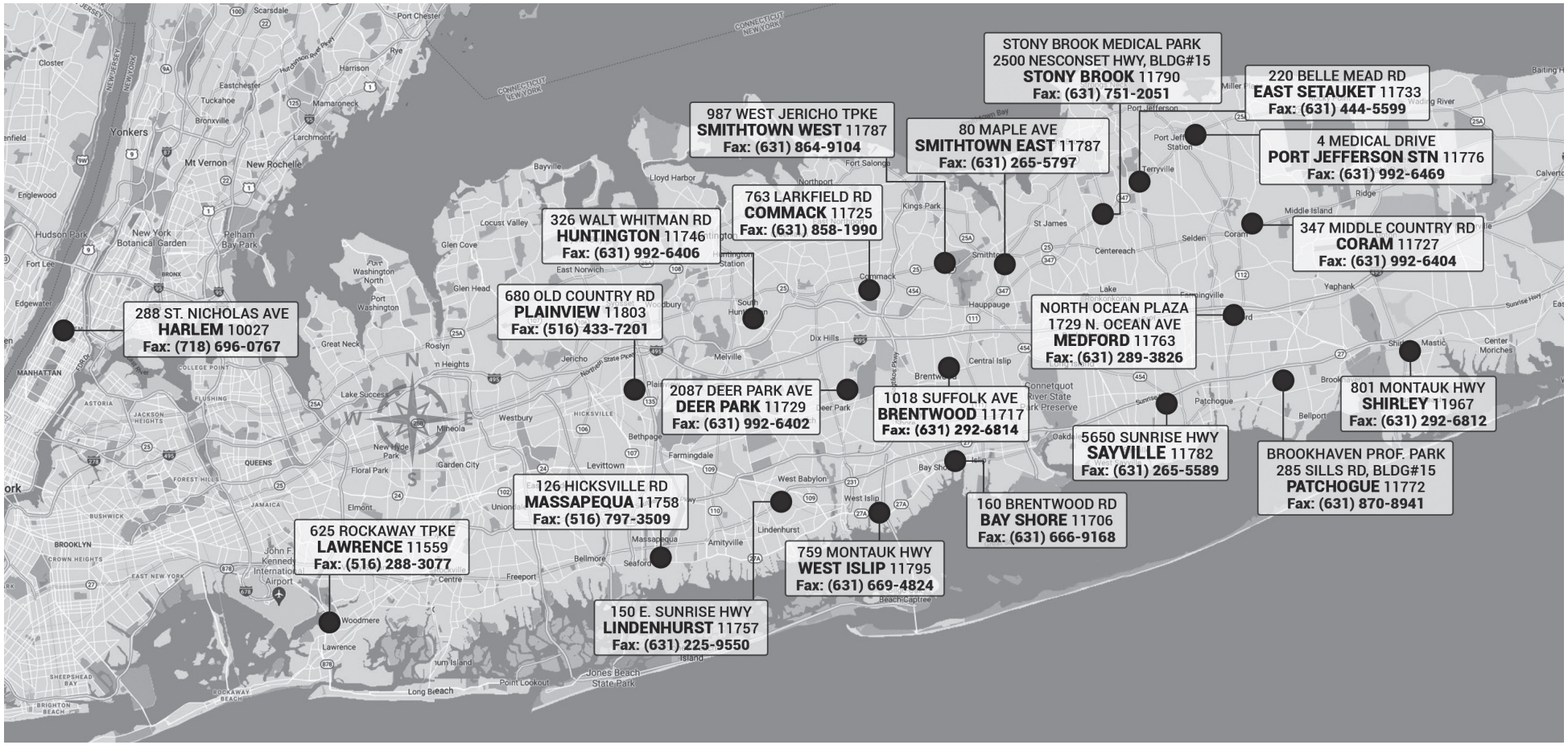
Ankle ☐ Aspiration ☐ Injection 77002/20605
Foot ☐ Aspiration ☐ Injection 77002/20605

(177) MSK ☐ Ultrasound-Guided ☐ R ☐ L

Ankle ☐ Aspiration ☐ Injection 20606
Foot ☐ Aspiration ☐ Injection 20606
Toe ☐ Aspiration ☐ Injection 20604

(179) Other:

12/7/21



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