

		/ /	/ /
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)

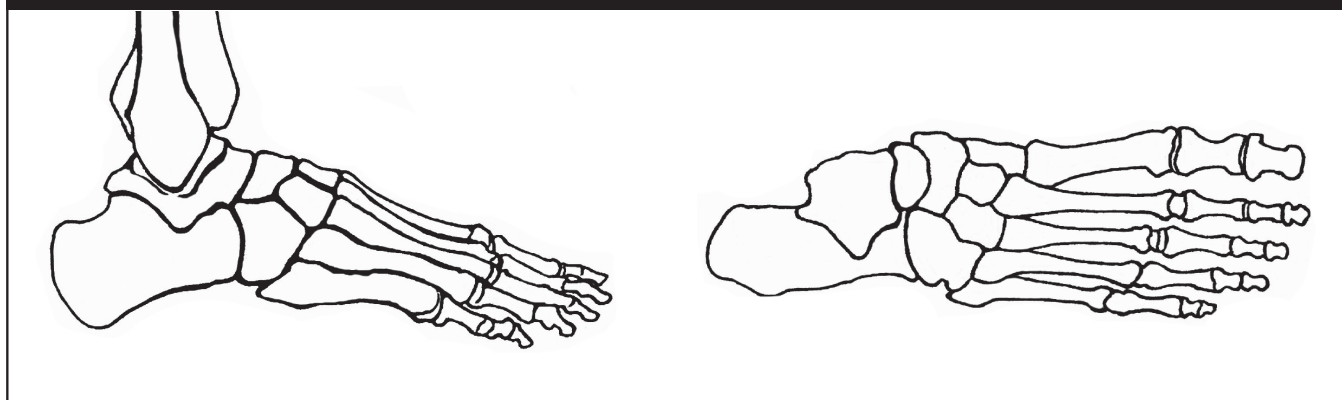
 New England Village Professional Building
 3771 Nesconset Hwy • Suite 106 • Centereach, NY 11720
 Tel: 631-689-6760 • Fax: 631-689-6765

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 Insufficiency (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 _____

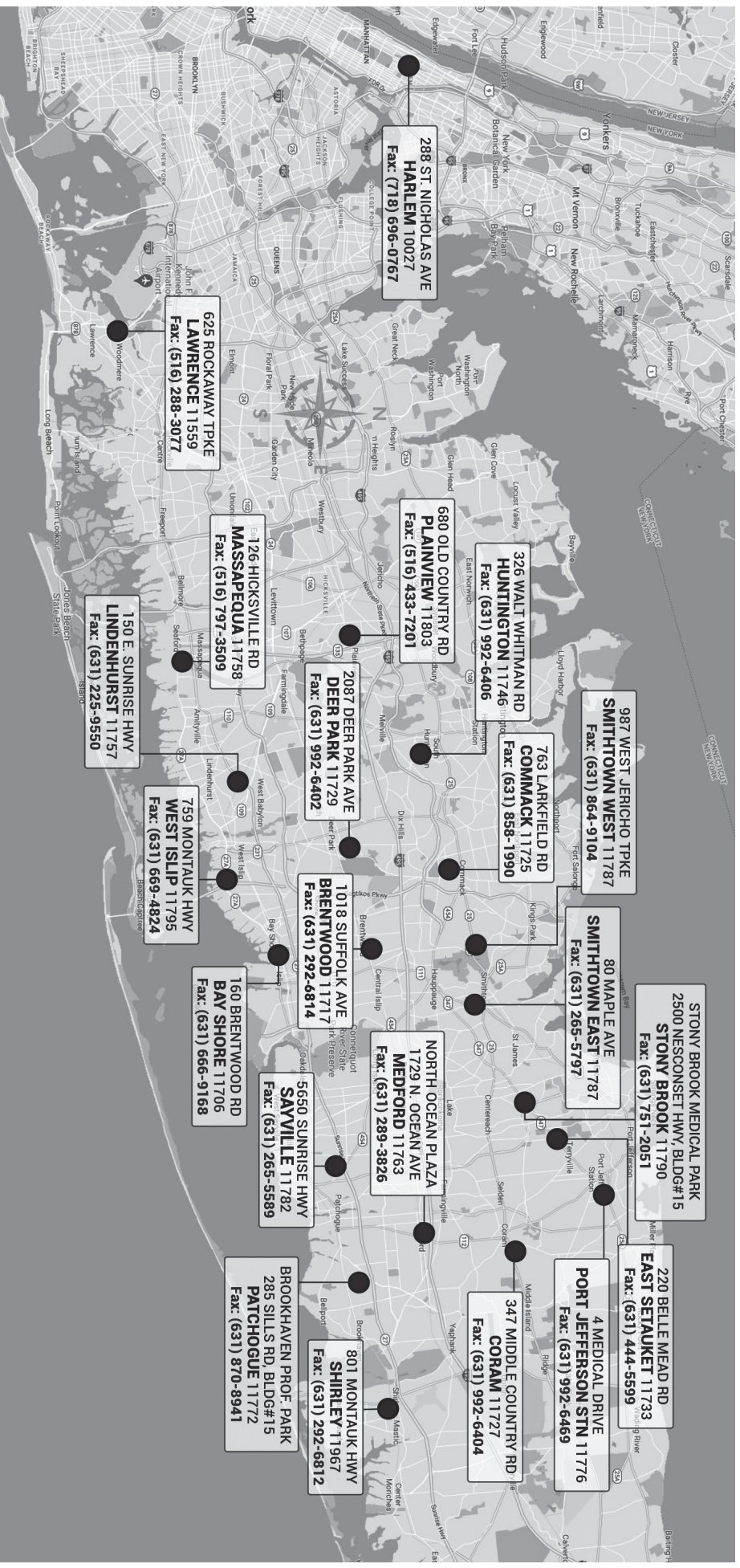
X-RAY
176 MSK ☐ Fluoro-Guided ☐ R ☐ L

- 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: _____



288 ST. NICHOLAS AVE
HARLEM 10027
Fax: (718) 696-0767

625 ROCKAWAY TPKE
LAWRENCE 11559
Fax: (516) 288-3077

680 OLD COUNTRY RD
PLAINVIEW 11803
Fax: (516) 433-7201

326 WALT WHITMAN RD
HUNTINGTON 11746
Fax: (631) 992-6406

763 LARKFIELD RD
COMMACK 11725
Fax: (631) 858-1990

987 WEST JERICHO TPKE
SMITHTOWN WEST 11787
Fax: (631) 864-9104

80 MAPLE AVE
SMITHTOWN EAST 11787
Fax: (631) 265-5797

STONY BROOK MEDICAL PARK
2500 NESCONSET HWY, BLDG#15
STONY BROOK 11790
Fax: (631) 751-2051

220 BELLE MEAD RD
EAST SETAUKET 11733
Fax: (631) 444-5599

4 MEDICAL DRIVE
PORT JEFFERSON STN 11776
Fax: (631) 992-6469

347 MIDDLE COUNTRY RD
CORAM 11727
Fax: (631) 992-6404

801 MONTAUK HWY
SHIRLEY 11967
Fax: (631) 292-6812

BROOKHAVEN PROF. PARK
285 SILLS RD, BLDG#15
PATCHOGUE 11772
Fax: (631) 870-8941

5650 SUNRISE HWY
SAVILLE 11782
Fax: (631) 265-5589

160 BRENTWOOD RD
BAY SHORE 11706
Fax: (631) 666-9168

1018 SUFOLK AVE
BRENTWOOD 11717
Fax: (631) 292-6814

2087 DEER PARK AVE
DEER PARK 11729
Fax: (631) 992-6402

126 HICKSVILLE RD
MASSAPEQUA 11758
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150 E. SUNRISE HWY
LINDENHURST 11757
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759 MONTAUK HWY
WEST ISLIP 11795
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