

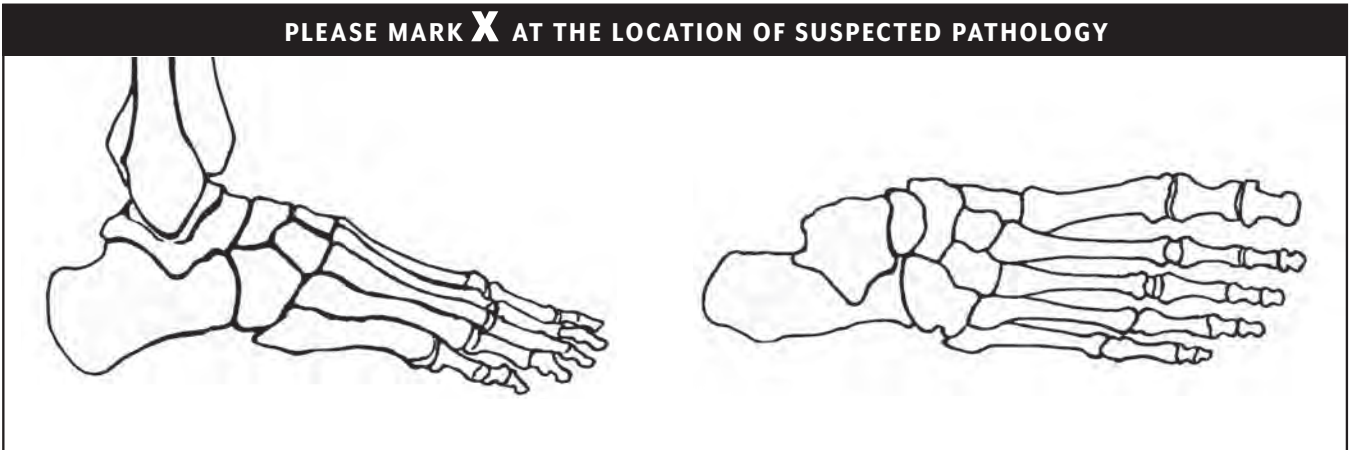
PATIENT LAST NAME: _____ PATIENT FULL FIRST NAME: _____ TODAY'S DATE: ____/____/____ DATE OF BIRTH: ____/____/____

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

PHYSICIAN SIGNATURE (REQUIRED): _____ 87-08 Justice Ave., Suite CK, Elmhurst, NY 11373
T: (718) 899-0900 F: (718) 899-8118

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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SCAN TO SCHEDULE YOUR APPOINTMENT or go to schedule.zprad.com

TOWN	ADDRESS	TRANSIT	FAX NUMBER
MANHATTAN HARLEM	324W 125th St, 10027	A C B D M3, M10, M100, M101, M60, BX15	(718) 696-0767
BRONX PARKCHESTER	1888 Westchester Ave, 10472	6 Q44, BX4, BX4A, BX36, BX39	(718) 696-0193
BROOKLYN COBBLE HILL	205 Smith Street, 11201	F G B57	(718) 684-7425
CROWN HTS	1128 Eastern Pkwy, 11213	2 3 4 B14, B17, B46	(718) 684-7438
QUEENS BAYSIDE	213-02 Northern Blvd, 11361	Q12, Q13, Q27, Q31, QM3, n20, n20G	(718) 684-7423
ELMHURST	88-12 Queens Blvd, 11373	R M Q59, Q60	(718) 684-7427
LAURELTON	231-35 Merrick Blvd, 11413	Q5	(718) 684-7421
OZONE PARK	102-34 Atlantic Ave, 11416	Q24	(718) 684-7429

