



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

**Physician \*Letter of Medical Necessity\***

Today's Date: \_\_\_\_\_

Please be advised that \_\_\_\_\_ is presently  
Patient Name Date of Birth  
being treated under my care. I find the test indicated below to be medically necessary.

**Clinical Indications/Signs/Symptoms: (MUST BE INCLUDED)**

\_\_\_\_\_  
**ICD-10:** \_\_\_\_\_

**ER-DOX Freeport**

129 West Sunrise Highway • Freeport, NY • 11520 • (516) 442-7090

Referred by: \_\_\_\_\_ **Signature:** \_\_\_\_\_

**☐ CHECK IF EXAM IS STAT**  
**RADIOLOGICAL IMAGING REFERRAL**

- MRI**  **MRA** Body Region \_\_\_\_\_  
 With & Without IV Contrast  No Contrast  
 3T Wide-Bore  1.5T Wide-Bore  1.2 Open-Sided  Either 3T or 1.5T Wide-Bore
- CT**  **CTA** Body Region \_\_\_\_\_  
 With Contrast  Without Contrast  With & Without Contrast  
 Oral Contrast Only  IV Contrast Only  Oral & IV Contrast
- Ultrasound** Body Region \_\_\_\_\_
- MRI/PET**  Routine Oncologic  Metabolic Brain  Other:
- PET/CT**  Routine Oncologic  Metabolic Brain  Other:
- Nuclear Medicine** Body Region \_\_\_\_\_
- Biopsy** Body Region \_\_\_\_\_
- X-Ray** Body Region \_\_\_\_\_ Specify:  Right  Left  Bilateral

**Women's Imaging**

- Mammogram**  
 **With 3D Breast Tomosynthesis**  
 Add ultrasound if indicated based on mammogram results  
 Add diagnostic mammogram if indicated from screening mammogram
- Breast Ultrasound**  Bilateral  Right  Left
- DXA Bone Density**
- Breast Biopsy**  Stereotactic  Ultrasound-guided  MRI-guided
- Other** \_\_\_\_\_

# ZP CONTRAST GUIDE



SCAN TO SCHEDULE YOUR APPOINTMENT or go to [schedule.zprad.com](http://schedule.zprad.com)

## ABDOMEN/PELVIS CT CONTRAST INFORMATION

NO ORAL NO IV	NO ORAL PRE + POST IV	NO ORAL POST IV ONLY	YES ORAL PRE + POST IV	YES ORAL NO IV	YES ORAL POST IV ONLY	YES ORAL PRE + POST IV
·Abdominal+Pelvis No contrast	·Abdomen Pre+Post ·Pelvis Pre+Post	·CTA ·Abdomen ·Abdomen+Pelvis	·Abdomen Pre + Post	·Abdomen + Pelvis No IV Contrast	·Abdomen + Pelvis Post Contrast	·Abdomen Pre + Post ·Pelvis Post
<b>74176</b>	<b>74178</b>	<b>74174</b>	<b>74170</b>	<b>74176</b>	<b>74177</b>	<b>74178</b>
·For Stone Hunt Study Only	·Urogram ·Hematuria	<b>75635 - RUN OFF</b> ·Aortic Aneurysm  ·Aortic Aneurysm With Runoff	·Triple Phase Liver  ·Pancreas Study  ·Kidney Tumor  ·Adrenal Study	·Pain  ·Appendicitis  ·Diverticulitis	·Bloating  ·Diffuse Abdominal Pain  ·Enterography  ·Lymphoma	·Oncology Follow Up ·Breast Cancer  ·Cervical Cancer  ·Colon Cancer
	CTA ABDOMINAL AORTA TO EVALUATE STENT GRAFT <b>74175</b>					

## MRI BODY & BODY VASCULAR

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT
Abdomen	MRI Abdomen <b>Non</b> Contrast	MRCP Hemochromatosis	74181
Abdomen	MRI Abdomen <b>Pre and Post</b> IV Contrast	Kidneys Liver Mass Adrenals Pancreas	74183
Brachial Plexus	MRI Chest <b>Non</b> Contrast	Brachial Plexus Neuropathy	71550
Chest Mediastinum	MRI Chest <b>Pre and Post</b> IV Contrast	Infection Mass Metastatic Disease Thoracic Outlet Syndrome	71552
Breast	MRI Breast <b>Pre and Post</b> IV Contrast	Breast Cancer BRCA 1/2 Positive Family History of Breast Cancer	77059
Breast	MRI Breast <b>Non</b> IV Contrast	Implant Rupture	77059
Cardiac	MRI Heart <b>Pre and Post</b> IV Contrast	Myocardial Perfusion EF Myocardial Infarction	75561
Pelvis - Female (GYN)	MRI Pelvis <b>Pre and Post</b> IV Contrast	Adenomyosis Endometriomas Menses Problems Pelvic Pain Uterine Anomalies Adnexal Mass Endometrial CA Known Fibroids Ovarian CA Ovarian Cysts Pre-embolization work-up Uterine Artery Embolus Rectocele Cystocele	72197
Pelvis - Male	MRI Pelvis <b>Pre and Post</b> IV Contrast	Prostate Rectal Staging	72197

