



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

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

Locations: Nesconset Wantagh New Hyde Park Howard Beach Northport

PHYSICIAN SIGNATURE (REQUIRED): _____

Herman Chiu, DO Derek Tam, PA Opkar Chawla, MD Other:
 Ricky Vohora, DO Lawrence Kelly, MD Ahmed Rezk, DO
 Courtney Jones, DO John Gimeli, PA Zeeshan Khan, MD

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

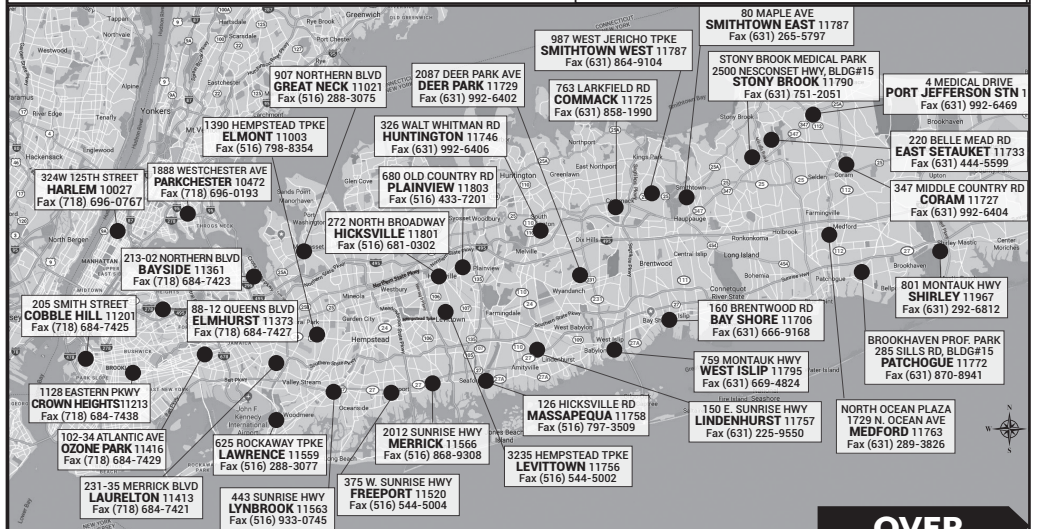
CT (COMPUTED TOMOGRAPHY)	CT (COMPUTED TOMOGRAPHY) CONT'D
<p>50 CT Head: No IV Contrast 70450</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transient Ischemic Attack <input type="checkbox"/> Dementia <input type="checkbox"/> Stroke <input type="checkbox"/> Seizures <input type="checkbox"/> Bleed <input type="checkbox"/> Trauma <input type="checkbox"/> Headaches <input type="checkbox"/> Multiple Sclerosis <p>51 CT Head: Post IV Contrast Only 70460</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infection <input type="checkbox"/> Diplopia <p>52 CT Head: Pre + Post IV Contrast 70470</p> <ul style="list-style-type: none"> <input type="checkbox"/> Brain Tumor <input type="checkbox"/> Abscess <input type="checkbox"/> Metastasis <input type="checkbox"/> Meningitis <p>57 CT Maxillofacial/Sinus: No IV Contrast 70486</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sinusitis <input type="checkbox"/> Swelling <input type="checkbox"/> Facial Bone Trauma <p>57A Maxillofacial/Sinus: Post IV Contrast 70487</p> <ul style="list-style-type: none"> <input type="checkbox"/> Post-op <input type="checkbox"/> Osteomyelitis <p>62 CT Soft Tissue Neck: No IV Contrast 70490</p> <ul style="list-style-type: none"> <input type="checkbox"/> Salivary Stone <input type="checkbox"/> Swelling <p>63 CT Soft Tissue Neck: Post IV Contrast ONLY 70491</p> <ul style="list-style-type: none"> <input type="checkbox"/> Neck Mass <input type="checkbox"/> Adenopathy <p>66 CT Chest: No IV Contrast 71250</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cough <input type="checkbox"/> Atelectasis <input type="checkbox"/> Lung Nodule <input type="checkbox"/> COPD <input type="checkbox"/> Asbestosis <input type="checkbox"/> Fibrosis <input type="checkbox"/> Effusion <input type="checkbox"/> Calcium Scoring <input type="checkbox"/> Congestive Heart Failure 	<p>67 CT Lung Cancer Screening: No IV Contrast G0297 or S0832 (depends on insurance)</p> <p>68 CT Chest: Post IV Contrast ONLY 71260</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hilar Adenopathy <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Central Lung Cancers <input type="checkbox"/> Infection <input type="checkbox"/> Lung Mass <p>69 CTA Chest: Post IV Contrast Only 71275</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aneurysm <input type="checkbox"/> Aortic Dissection <input type="checkbox"/> Pulmonary Embolism <input type="checkbox"/> Pulmonary Vein <p>70 CT Coronary Arteries: Post IV Contrast Only 75574</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stenosis <input type="checkbox"/> Occlusion <p>71 CT Calcium Scoring: No IV Contrast (self pay)</p> <p>72 CT Abdomen and Pelvis: Yes Oral, No IV Contrast 74176</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appendicitis <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diverticulitis <input type="checkbox"/> Fever <input type="checkbox"/> Bloating <p>73 CT Abdomen and Pelvis: No Oral, No IV Contrast 74176</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stonehunt <p>75 CT Abdomen: Yes Oral, Pre + Post IV Contrast and Pelvis: Post IV Contrast 74178</p> <ul style="list-style-type: none"> <input type="checkbox"/> Oncology Follow-Up <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Colon Cancer <input type="checkbox"/> Cervical Cancer <p>77 CT Abdomen: Yes Oral, Pre + Post IV Contrast 74170</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adrenal Mass <input type="checkbox"/> Elevated LFT'S <input type="checkbox"/> Pancreatic Mass <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Fatty Liver <input type="checkbox"/> Liver Mass <input type="checkbox"/> Renal Mass
	<p>84 CT Cervical Spine: No IV Contrast 72125</p> <p>85 CT Thoracic Spine: No IV Contrast 72128</p> <p>86 CT Lumbar Spine: No IV Contrast 72131</p> <p>87 CT □ R □ L Upper Extremity: No IV Contrast 73200</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fracture <input type="checkbox"/> Clavicle <input type="checkbox"/> Humerus <input type="checkbox"/> Wrist <input type="checkbox"/> Pain <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Hand <input type="checkbox"/> Scapula <input type="checkbox"/> Forearm <input type="checkbox"/> Fingers <p>88 CT □ R □ L Upper Extremity: Post IV Contrast Only 73201</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tumor <input type="checkbox"/> Clavicle <input type="checkbox"/> Humerus <input type="checkbox"/> Wrist <input type="checkbox"/> Infection <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Hand <input type="checkbox"/> Scapula <input type="checkbox"/> Forearm <input type="checkbox"/> Fingers <p>90 CT □ R □ L Lower Extremity: No IV Contrast 73700</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fracture <input type="checkbox"/> Hip <input type="checkbox"/> Tib/Fib <input type="checkbox"/> Foot <input type="checkbox"/> Pain <input type="checkbox"/> Femur <input type="checkbox"/> Ankle <input type="checkbox"/> Toes <input type="checkbox"/> Knee <p>91 CT □ R □ L Lower Extremity: Post IV Contrast Only 73701</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tumor <input type="checkbox"/> Hip <input type="checkbox"/> Tib/Fib <input type="checkbox"/> Foot <input type="checkbox"/> Infection <input type="checkbox"/> Femur <input type="checkbox"/> Ankle <input type="checkbox"/> Toes <input type="checkbox"/> Knee <p>99 Other</p>

ULTRASOUND

<p>101 US Neck 76536</p> <ul style="list-style-type: none"> <input type="checkbox"/> Neck <input type="checkbox"/> Thyroid <input type="checkbox"/> Parotid <p>103 US Breast</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete 76641 <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Limited 76642 <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Dense Breast <input type="checkbox"/> Lump <input type="checkbox"/> Abnormal/inconclusive Mammography <p>104 US Abdomen</p> <ul style="list-style-type: none"> <input type="checkbox"/> Abdomen Complete 76700 <input type="checkbox"/> Abdomen RUQ Only 76705 <input type="checkbox"/> Renal/Retroperitoneum Complete 76770 <input type="checkbox"/> Renal Transplant including Doppler 76776 <input type="checkbox"/> Aorta 76775 <p>105 US Pelvis</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gyn Transabdominal Only 76856 <input type="checkbox"/> Gyn Transvaginal Only 76830 <input type="checkbox"/> Gyn Transvaginal AND Transabdominal 76856/76830 <input type="checkbox"/> Hysterosonogram 58340/76831 <input type="checkbox"/> Bladder 76857 <input type="checkbox"/> Male Pelvis 76856 <input type="checkbox"/> Prostate (Transrectal) 76872 <input type="checkbox"/> Groin □ R □ L 76882 <input type="checkbox"/> Testicular/Scrotal 76870 <p>107 US Vascular / Cardiac</p> <ul style="list-style-type: none"> <input type="checkbox"/> Carotid Doppler 93880 <input type="checkbox"/> Dizziness and giddiness <input type="checkbox"/> Localized swelling <input type="checkbox"/> Syncope/Collapse <input type="checkbox"/> Mass/Lump Neck <input type="checkbox"/> Neck Pain <input type="checkbox"/> Echocardiogram 93306 <input type="checkbox"/> Renal Artery Doppler 93976 	<p>108 Extremity Doppler Ultrasound</p> <ul style="list-style-type: none"> <input type="checkbox"/> Venous for DVT <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Bilateral 93970 <input type="checkbox"/> Right 93971 <input type="checkbox"/> Left 93971 <input type="checkbox"/> Pain <input type="checkbox"/> Edema <input type="checkbox"/> Difficulty walking <input type="checkbox"/> Shortness of breath <ul style="list-style-type: none"> <input type="checkbox"/> Arterial Upper <input type="checkbox"/> Bilateral 93930 <input type="checkbox"/> Right 93931 <input type="checkbox"/> Left 93931 <input type="checkbox"/> Arterial Lower <input type="checkbox"/> Bilateral 93925 <input type="checkbox"/> Right 93926 <input type="checkbox"/> Left 93926 <input type="checkbox"/> Atherosclerosis <input type="checkbox"/> Pelvic Pain <input type="checkbox"/> Claudication 	<p>119 Other ---</p>
--	--	-----------------------------

MAMMOGRAPHY

<p>150 Screening With 3D Tomosynthesis</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bilateral □ R □ L <p>150A Screening</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bilateral □ R □ L <p>151 Diagnostic With 3D Tomosynthesis</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bilateral □ R □ L <p>151A Diagnostic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bilateral □ R □ L <p>152 Male Diagnostic With 3D Tomosynthesis</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bilateral □ R □ L
--





PATIENT LAST NAME

PATIENT FULL FIRST NAME

TODAY'S DATE

DATE OF BIRTH

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT):

ICD-10:

Locations: Nesconset Wantagh New Hyde Park Howard Beach Northport

PHYSICIAN SIGNATURE (REQUIRED)

- Herman Chiu, DO
- Ricky Vohora, DO
- Courtney Jones, DO
- Derek Tam, PA
- Lawrence Kelly, MD
- John Gimeli, PA
- Opkar Chawla, MD
- Ahmed Rezk, DO
- Zeeshan Khan, MD
- Other:

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)

- 1 MRI Brain: No IV Contrast 70551**
 - Stroke
 - Transient Ischemic Attack
 - Headache
 - Dementia
 - Memory Loss
- 2 MRI Brain: Pre + Post IV Contrast 70553**
 - Brain Tumor
 - Metastasis
 - Multiple Sclerosis
 - Pituitary Adenoma
 - Internal Auditory Canals
- 3 MRA Head: No IV Contrast 70544**
 - Aneurysm
 - Pulsatile Tinnitus
 - Dizziness
 - Syncope
 - Vertebrobasilar Syndrome
 - Arteriovenous Malformation
 - Visual Field Defect
- 7A MRI TMJ No IV Contrast 70336**
- 7B MRI TMJ Pre + Post IV Contrast 70336**
- 9 MRI Soft Tissue Neck: Pre + Post IV Contrast 70543**
 - Nasopharynx Mass
 - Tongue/Floor of Mouth Mass
 - Vocal Cord Paralysis
- 10 MRA Neck: No IV Contrast 70547**
 - Stenosis
- 11 MRA Neck: Pre + Post IV Contrast 70549**
 - Stenosis
 - Bruit
- 12 MRI Breast: Pre + Post IV Contrast 77049**
 - Breast Cancer
 - Family History of Breast Cancer
 - BRCA1/BRCA2 Positive
- 13 MRI Breast: No IV Contrast 77047**
 - Implant Rupture
- 15 MRI Chest: Pre + Post IV Contrast 71552**
 - Chest Wall Mass
 - Mediastinum Mass
- 16 MRI Chest: No IV Contrast 71550**
 - Pectoralis Tear
 - Sternal Trauma
- 17 MRI Heart: Pre + Post IV Contrast 75561**
 - Myocardial Perfusion
 - Myocardial Infarct
- 18 MRA Chest: Post IV Contrast 71555**
 - Thoracic Aneurysm
 - Pulmonary Vein Mapping
- 20 MRI Abdomen Pre + Post IV Contrast 74183**
 - Abnormal Liver Functions
 - Hemangioma
 - Abdominal Pain
 - Cirrhosis
- 21 MRI Abdomen Pre + Post IV Contrast with MRCP 74183/S8037**
 - Biliary Obstruction
 - Pancreatitis
- 22 MRI Abdomen No IV Contrast 74181**
 - Hemachromatosis (1.5 Tesla Only)
 - Ductal Stones
- 23 MRA Abdomen Post IV Contrast Only 74185**
 - Abdominal Aneurysm
 - Mesenteric Arterial Stenosis

- 24 MRI Enterography: Pre + Post IV Contrast; with Glucagon 74183/72197**
 - Crohn's Disease
 - Small Bowel Tumor
 - Celiac Disease
- 26 MRI Pelvis: Pre + Post IV Contrast 72197**
 - Ovarian Mass
 - Fibroids
 - Endometrioma
 - Adenomyosis
 - Rectal Staging
 - Benign Prostatic Hyperplasia
- 27 MRI Pelvis: No IV Contrast 72195**
 - Pelvic Pain
 - SI Joint Pain
 - Sacral/Coccyx Pain
- 29 MRI Upper Extremity Joint: No IV Contrast 73221**
 - R L Shoulder
 - R L Elbow
 - R L Wrist
- 32 MRI Upper Extremity Non-Joint: No IV Contrast 73218**
 - R L Humerus
 - R L Forearm
 - R L Hand
 - R L Finger Specify#:
- 34 MRI Lower Extremity Joint: No IV Contrast 73721**
 - R L Hip
 - R L Knee
 - R L Ankle
- 37 MRI Lower Extremity Non-Joint: No IV Contrast 73718**
 - R L Femur/Thigh
 - R L Tib/Fib / Calf
 - R L Foot
 - R L Toe Specify#:
- 39 MRA ABD/PEL and Lower Extremity Runoff: Post IV Contrast 74185, 72198, 73725, 73725**
 - Claudication
- 40 MRI Cervical Spine: No IV Contrast 72141**
 - Neck Pain
 - Numbness
 - Radiculopathy
- 41 MRI Cervical Spine: Pre + Post IV Contrast 72156**
 - Syring
 - Discitis
 - Multiple Sclerosis
- 42 MRI Thoracic Spine: No IV Contrast 72146**
 - Pain
 - Disc Herniation
 - Radiculopathy
- 43 MRI Thoracic Spine: Pre + Post IV Contrast 72157**
 - Syring
 - Discitis
 - Multiple Sclerosis
- 44 MRI Lumbar Spine: No IV Contrast 72148**
 - Lower Back Pain
 - Numbness
 - Trauma
- 45 MRI Lumbar Spine: Pre + Post IV Contrast 72158**
 - Discitis
 - Post-Op
- 49 Other**

X-RAY

- 120 X-Ray Head**
 - Skull
 - Nasal Bones
 - Facial Bones
 - Sinus
 - Orbits For Foreign Body
 - Orbits-Complete
- 121 X-Ray Neck**
 - Soft Tissue Neck Lateral
 - Mandible
 - TMJ Bilateral Right Left
- 122 X-Ray Chest**
 - Chest
 - Right Ribs
 - Left Ribs
 - Bilateral Ribs
 - Sternum
 - Sternoclavicular Joints
- 123 X-Ray Abdomen And Pelvis**
 - KUB (Supine Only)
 - Supine And Upright
 - Pelvis
 - Sacroiliac Joints
 - Hysterosalpingogram
 - Sitz Marker Study
- 124 X-Ray Spine**
 - Cervical
 - Add Lateral Flexion/Extension
 - Add AP Right & Left Lateral Bending
 - Thoracic
 - Lumbar
 - Obtain Lumbar Films Upright
 - Add Lateral Flexion/Extension
 - Add AP Bending To R & L
 - Sacrum/Coccyx
 - Scoliosis Series (Always Upright)
- 125 X-Ray Extremities**
 - RIGHT LEFT BILATERAL
 - Clavicle
 - A/C Joints
 - Shoulder
 - Scapula
 - Humerus
 - Elbow
 - Forearm
 - Wrist
 - Bone Age
 - Hand
 - Finger Specify #:
 - Pelvis Weight-Bearing
 - Hip Weight-Bearing
 - Femur
 - Knee Weight-Bearing
 - Tibia/Fibula
 - Ankle
 - Calcaneus
 - Foot Weight-Bearing
 - Toe Specify #:
- 126 Skeletal Xray Survey**
- 129 Other**