



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) _____
Hal D. Feldman, MD, FAAOS
33 Walt Whitman Road · Suite 104 · Huntington Station, NY 11746
Tel: 631-423-2642 · Fax: 631-423-1364

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)

16 MRI Chest: No IV Contrast 71550
 Pectoralis Tear SC Joint Pain
 Sternal Trauma Brachial Plexus

29 MRI Upper Extremity Joint: No IV Contrast 73221
 R L Shoulder Indications: Fracture
 R L Elbow Joint Pain Labral Tear
 R L Wrist Arthritis Ligament Tear
 Bursitis Tendon Tear

30 MRI Upper Extremity Joint: Pre + Post IV Contrast 73223
 R L Shoulder Indications: Infection
 R L Elbow Abscess Mass
 R L Wrist Tumor Osteomyelitis

31 MR Arthrogram Upper Extremity Joint:
 R L Shoulder Arthrogram 73222/23350
 R L Elbow Arthrogram 73222/24220
 R L Wrist Arthrogram 73222/25246

32 MRI Upper Extremity Non-Joint: No IV Contrast 73218
 R L Humerus Indications: Fracture
 R L Forearm Muscle Tear
 R L Hand Tendon Tear
 R L Finger Specify#: _____

33 MRI Upper Extremity Non-Joint: Pre + Post IV Contrast 73220
 R L Humerus Indications: Tumor
 R L Forearm Infection
 R L Hand Osteomyelitis
 R L Finger Specify#: _____

34 MRI Lower Extremity Joint: No IV Contrast 73721
 R L Hip Indications: Meniscal Tear
 R L Knee Pain Ligament Tear
 R L Ankle Fracture Cartilage Tear
 Internal Derangement Instability
 Labral Tear

35 MRI Lower Extremity Joint: Pre + Post IV Contrast 73723
 R L Hip Indications: Osteomyelitis
 R L Knee Tumor Cellulitis
 R L Ankle Infection

36 MR Arthrogram Lower Extremity Joint
 R L Hip Arthrogram 73722/27093
 R L Knee Arthrogram 73722/27369
 R L Ankle Arthrogram 73722/27648

37 MRI Lower Extremity Non-Joint: No IV Contrast 73718
 R L Femur/Thigh Indications: Fracture
 R L Tib/Fib / Calf Muscle Tear
 R L Foot Tendon Tear
 R L Toe Specify#: _____

38 MRI Lower Extremity Non-Joint: Pre + Post IV Contrast 73720
 R L Femur/Thigh Indications: Tumor
 R L Tib/Fib / Calf Soft Tissue Mass
 R L Foot Osteomyelitis
 R L Toe Specify#: _____

27 MRI Pelvis: No IV Contrast 72195
 Pelvic Pain SI Joint Pain
 Sacral/Coccyx Pain

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 Disc Herniation
 Numbness Trauma
 Radiculopathy

41 MRI Cervical Spine: Pre + Post IV Contrast 72156
 Syring Tumor/Mass
 Discitis Osteomyelitis
 Multiple Sclerosis

42 MRI Thoracic Spine: No IV Contrast 72146
 Pain Trauma
 Disc Herniation Compression Fracture
 Radiculopathy

43 MRI Thoracic Spine: Pre + Post IV Contrast 72157
 Syring Tumor/Mass
 Discitis Osteomyelitis
 Multiple Sclerosis

44 MRI Lumbar Spine: No IV Contrast 72148
 Lower Back Pain Disc Herniation
 Numbness Radiculopathy
 Trauma Leg Pain

45 MRI Lumbar Spine: Pre + Post IV Contrast 72158
 Discitis Tumor/Mass
 Post-Op

46 Other _____

CT (COMPUTED TOMOGRAPHY)

84 CT Cervical Spine: No IV Contrast 72125

85 CT Thoracic Spine: No IV Contrast 72128

86 CT Lumbar Spine: No IV Contrast 72131

87 CT R L Upper Extremity: No IV Contrast 73200
 Fracture Clavicle Humerus Wrist
 Pain Shoulder Elbow Hand
 Scapula Forearm Fingers

88 CT R L Upper Extremity: Post IV Contrast Only 73201
 Tumor Clavicle Humerus Hand
 Infection Shoulder Elbow Forearm Fingers
 Scapula

89 CT Arthrogram R L Upper Extremity
 Shoulder Elbow Wrist Other: _____
 73201/23350 73201/24220 73201/25246

90 CT R L Lower Extremity: No IV Contrast 73700
 Fracture Hip Tib/Fib Foot
 Pain Femur Ankle Toes
 Knee Foot
 Knee W/ Patella Tracking Toes
 Indicate Degrees: _____

91 CT R L Lower Extremity: Post IV Contrast Only 73701
 Tumor Hip Tib/Fib Foot
 Infection Femur Ankle Toes
 Knee

92 CT Arthrogram R L Lower Extremity
 Hip Knee Ankle Other: _____
 73701/27093 73701/27370 73701/27648

78 CT Pelvis: No Oral, No IV Contrast 72192
 Bony Pelvis Sacrum/Coccyx
 SI Joints

83 CTA Runoff: No Oral, Post IV Contrast Only 75635
 Claudication Occlusion
 Stenosis

93 Other _____

NUCLEAR MEDICINE

220 Bone Scan-Whole Body 78306

221 Bone Scan 3 Phase 78315 Region _____

222 Bone Scan Spect 78320 Region _____

223 Other _____

ULTRASOUND

108 Extremity Doppler Ultrasound
 Venous for DVT Upper Lower
 Bilateral 93970 Right 93971 Left 93971
 Pain
 Edema
 Difficulty walking
 Shortness of breath

Arterial Upper
 Bilateral 93930 Right 93931 Left 93931

Arterial Lower
 Bilateral 93925 Right 93926 Left 93926
 Atherosclerosis
 Claudication
 Pelvic Pain

109 US Extremity 76881 R L
 Body Part: _____

119 Other _____

X-RAY

120 X-Ray Head
 Skull Sinus
 Nasal Bones Orbits For Foreign Body
 Facial Bones Orbits-Complete

122 X-Ray Chest
 Chest Bilateral Ribs
 Right Ribs Sternum
 Left Ribs Sternoclavicular Joints

124 X-Ray Spine
 Cervical AP, LAT, APOM
 Add Obliques
 Add Lateral Flexion/Extension
 Add AP Right & Left Lateral Bending

Thoracic AP, LAT
 Add Obliques

Lumbar AP, LAT
 Obtain Lumbar Films Upright
 Add Obliques
 Add Lateral Flexion/Extension
 Add AP Bending To R & L

Sacrum/Coccyx
 Scoliosis Series (Always Upright)

125 X-Ray Extremities
 R L BILATERAL
 Clavicle Humerus
 A/C Joints Elbow
 Shoulder Forearm
 Scapula Wrist
 Hand Bone Age
 Finger Specify #: _____
 Pelvis Weight-Bearing
 Hip Weight-Bearing
 Femur Weight-Bearing
 Knee Weight-Bearing
 Tibia/Fibula
 Ankle
 Calcaneus
 Foot Weight-Bearing
 Toe Specify #: _____

126 Skeletal Xray Survey

127 Other _____

DEXA

160 Dexa Hips, Lumbar, Wrist 77080

161 Dexa Hips, Lumbar 77080

162 Dexa with LVA 77085

Indications: _____

INTERVENTIONAL

176 MSK Fluoro-Guided RT LT

Shoulder Aspiration Injection 77002/20610

Elbow Aspiration Injection 77002/20605

Wrist Aspiration Injection 77002/20605

Hip Aspiration Injection 77002/20610

Knee Aspiration Injection 77002/20610

Ankle Aspiration Injection 77002/20605

Foot Aspiration Injection 77002/20605

177 MSK Ultrasound-Guided RT LT

Shoulder Aspiration Injection 20611

Elbow Aspiration Injection 20606

Wrist Aspiration Injection 20611 Ganglion 20612

Hip Aspiration Injection 20611

Knee Aspiration Injection 20611

Ankle Aspiration Injection 20606

178 Other _____

