

*Please ask your patients to take a cell phone photo of this referral slip in case they forget to bring it with them to our office.*

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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**Signature (required):** \_\_\_\_\_

**RADIOLOGICAL IMAGING REFERRAL**

**MRI**     **MRA**    Body Region \_\_\_\_\_

With & Without 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     NaF-18 Bone Metastasis     Metabolic Brain     Other:

**PET/CT**     Routine Oncologic     NaF-18 Bone Metastasis     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** \_\_\_\_\_

**ABDOMEN/PELVIS CT**

<b>YES ORAL POST IV ONLY</b>	<b>YES ORAL PRE + POST IV</b>
·Abdomen + Pelvis <b>POST</b>  <b>EXAM #74</b> 74177  ·Bloating ·Diffuse Abdominal Pain ·Enterography ·Lymphoma	·Abdomen <b>PRE + POST</b> ·Pelvis <b>POST</b>  <b>EXAM #75</b> 74178  ·Oncology Follow Up ·Breast Cancer ·Cervical Cancer ·Colon Cancer

**MRI BODY & BODY VASCULAR**

<b>BODY PART</b>	<b>PROCEDURE TO PRE-CERT</b>	<b>REASON FOR EXAM</b>	<b>CPT</b>	<b>EXAM NUMBER</b>
Breast	MRI Breast <b>Pre and Post IV</b> Contrast	Breast Cancer BRCA 1/2 Positive	Family History of Breast Cancer	77059 <b>12</b>
Breast	MRI Breast <b>Non IV</b> Contrast	Implant Rupture		77059 <b>13</b>
Pelvis - Female (GYN)	MRI Pelvis <b>Pre and Post IV</b> 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 <b>26</b>
Pelvis - Male	MRI Pelvis <b>Pre and Post IV</b> Contrast	Prostate	Rectal Staging	72197 <b>26</b>
<b>BODY PART</b>	<b>PROCEDURE TO PRE-CERT</b>	<b>REASON FOR EXAM</b>	<b>CPT</b>	<b>EXAM NUMBER</b>
Pelvis - MRV	MRA/MRV Pelvis <b>Post IV ONLY</b> Contrast	Pelvic Venous Thrombosis		72198 <b>28</b>

