



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\***

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:**

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

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

MAURO Gasparini, MD  Adam Carpentieri, DO  Laura Pellegrino, AGNP

119 New York Avenue • Massapequa, NY 11758  
Tel: (516) 799-2555 • Fax: (516) 799-2595

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

**RADIOLOGICAL IMAGING REFERRAL**

- MRI**  **MRA** Body Region \_\_\_\_\_  
 With & Without Contrast  No Contrast  
 3T Wide-Bore  1.5T Wide-Bore  Either 3T or 1.5T Wide-Bore
- CT**  **CTA** Body Region \_\_\_\_\_  
 With & Without Contrast  Only With Contrast  No 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-Screening With 3D Breast Tomosynthesis**
- Mammogram-Screening**
  - Add ultrasound if indicated based on mammogram results
  - Add diagnostic 3D mammogram if indicated from screening mammogram
  - 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>	·Abdomen <b>PRE + POST</b> ·Pelvis <b>POST</b>
<b>EXAM #74</b> 74177	<b>EXAM #75</b> 74178
·Bloating ·Diffuse Abdominal Pain ·Enterography ·Lymphoma	·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>

