

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) Sanford Gould, MD 73-12 35th Ave, Apt F1, Jackson Heights, NY, 11372 T: (718) 639-5400 F: (718) 446-5940

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

MRI section containing checkboxes for 3T/1.5T/1.2T, contrast options, sedation, and various body regions like Neuro/ENT/Spine, MRA, Chest & Body, Orthopedic, and Pelvis.

MRI/PET section with checkboxes for contrast and specific PET scan protocols for brain, skull, and melanoma.

Digital X-RAY section with checkboxes for various anatomical areas including skull, spine, chest, ribs, shoulder, wrist, femur, foot, and others.

CT section containing checkboxes for contrast, CT angiography, spine, body, neuro/ent, and musculoskeletal imaging options.

Nuclear Medicine section with checkboxes for bone scan, thyroid, cardiac, and other nuclear imaging procedures.

PET/CT section with checkboxes for contrast and specific PET/CT scan protocols.

Mammography section containing checkboxes for screening and diagnostic mammograms with 3D Tomosynthesis.

DXA Bone Density and Ultrasound sections with checkboxes for breast, thyroid, pelvic, and vascular imaging.

Echocardiogram and Interventional Biopsy sections with checkboxes for thyroid, lung, liver, and various biopsy procedures.



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