

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

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

43-16 215th Street, Floor 1, Bayside, NY 11361 • T: (718) 224-0120 • F: (718) 224-0130

PHYSICIAN SIGNATURE (REQUIRED): _____

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

MRI
 3T Wide-Bore 1.5T Wide-Bore 1.2 Open-Sided
 Either 3T or 1.5T Wide-Bore
 With & without contrast No contrast
 With I.V. sedation
Neuro/ENT/Spine
 Brain Orbits Pituitary IAC Cervical spine Thoracic spine Lumbar spine Sacrum/coccyx CSF Flow DTI Perfusion MR spectroscopy TMJ Soft tissue neck/parotid
Orthopedic
 Shoulder R L Upper arm R L Elbow R L Forearm R L Wrist R L Hand R L Finger R L
Specify _____
 Pelvis R L Hip R L Thigh R L Knee R L Lower leg R L Ankle R L Foot R L Toe R L Cartilage mapping MR arthrogram
Specify _____
MRA
 Carotid MRA Intracran/circle of Willis Intracran/MR venogram MR venogram
Specify _____
 NOVA Carotid Aortic arch Abdominal aorta only Renal arteries Mesenteric arteries Aorta/lower extremities
Chest & Body
 Chest Breast MRI Cardiac MRI Function Viability Mediastinum Brachial plexus Scapula Sternum Thoracic outlet Abdomen
Specify _____
 Pelvis Dynamic pelvis/MR defogram Prostate Enterography MRCP Rectal MRI
 Other _____

CT
 With Contrast Without Contrast With & Without Contrast
 Oral Contrast Only IV Contrast Only Oral & IV Contrast
CT Angiography
 Coronary artery CTA with calcium scoring (needs contrast) Chest CTA/PE Calcium scoring only CT angiogram (needs contrast) Intracranial Carotid Aortic arch/thoracic aorta Renal Lower extremity run off
Spine
 Cervical Thoracic
Specify levels _____
 Lumbar Sacrum/coccyx
Body
 Stone hunt Hematuria Chest only Soft tissues neck/chest/abdomen/pelvis Soft tissues neck only Chest/abdomen/pelvis Abdomen/pelvis Enterography Abdomen only Pelvis only Triple phase liver
 Other _____
Neuro/ENT
 Brain Orbits Temporal bones Paranasal sinuses Soft tissues neck
Musculoskeletal
 Joint
Specify _____
 Extremity
Specify _____
 Scanogram

Mammography
 Please schedule breast sonogram appointment if needed based on the mammogram.
 Screening With 3D Tomosynthesis (no palpable finding or symptoms) Bilateral Right Left
 Screening (no palpable finding or symptoms) Bilateral Right Left
 Diagnostic With 3D Tomosynthesis-Must select reason(s) Bilateral Right Left
 Diagnostic - Must select reason(s) Bilateral Right Left
Reasons:
 Additional diagnostic views Short term follow up New lump, mass or thickening Old lump or mass increased in size New nipple discharge New inverted nipple Skin changes (dimpling, redness or abnormal increase in breast size) Lymphadenopathy Current use of Tamoxifen, Femara or Arimidex

DXA Bone Density

Ultrasound
 Breast Bilateral R L Thyroid Scrotal/testicular Transrectal prostate Pelvis (GYN) Transabdominal Transvaginal Transabdominal / Transvaginal Hysterosonogram Obstetrical Abdomen Aorta only Retroperitoneum (Renal/Bladder)
 Other _____
Vascular
 Carotid doppler Venous doppler Lower extremity R L Bilateral Upper extremity R L Bilateral Arterial doppler Lower extremity R L Bilateral Upper extremity R L Bilateral Renal arterial doppler

MRI/PET

Add MR intravenous contrast if needed
PET Only Auth#: _____
 78608 Brain PET
 78812 Top of head to mid thigh
 78813 Top of head to toes (melanoma protocol)
 With additional MRI Body region: _____
MRI Auth#: _____

PET/CT

Add CT intravenous contrast if needed
PET/CT Auth#: _____
 78608 Brain PET
 78815 Base of skull to mid thigh
 78816 Top of head to toes (melanoma protocol)
 Other:

Echocardiogram

Thyroid Lung Liver
 US Breast FNA Specify Region _____
 US Core Biopsy (includes post procedure mammo) Specify Region _____
 Stereotactic Biopsy (includes post procedure mammo) Specify Region _____
 MRI Breast Biopsy 1 Specify Region _____
 Other:

Digital X-RAY

Skull C spine Chest Bone age Shoulder R L Wrist R L Femur R L Foot R L
 Orbits T spine F/U abdomen Ribs Humerus R L Hand R L Knee R L Toes R L
 Facial bones L spine KUB abdomen Elbow R L Fingers R L Tibia/fibula R L Other:
 Nasal bones Sacrum Pelvis Forearm R L Hips R L Ankle R L



zprad.com

ZWANGER-PESIRI RADIOLOGY

TOWN	ADDRESS	TRANSIT	FAX NUMBER
MANHATTAN HARLEM	288 St. Nicholas Ave, 10027	M3, M10, M100, M101, M60, BX15	(718) 696-0767
BRONX PARKCHESTER	1888 Westchester Ave, 10472	Q44, BX4, BX4A, BX36, BX39	(718) 696-0193
BROOKLYN COBBLE HILL	205 Smith Street, 11201	B57	(718) 684-7425
BROOKLYN CROWN HTS	1128 Eastern Pkwy, 11213	B14, B17, B46	(718) 684-7438
QUEENS BAYSIDE	213-02 Northern Blvd, 11361	Q12, Q13, Q27, Q31, QM3, n20, n20G	(718) 684-7423
QUEENS ELMHURST	88-12 Queens Blvd, 11373	Q59, Q60	(718) 684-7427
QUEENS LAURELTON	231-35 Merrick Blvd, 11413	Q5	(718) 684-7421
QUEENS OZONE PARK	102-34 Atlantic Ave, 11416	Q24	(718) 684-7429

