ZWANGER-PESIRI RADIOLOGY

631-444-5544 zprad.com

HISHMEH

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) Shuriz Hishmeh, MD

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

ORTHOPEDIC IMAGING

☐ Digital X-Ray

☐ **Scoliosis X-Ray With Stitching**
PATIENTS MUST LEAVE WITH FILMS
(AP Thoracic & Lumbar spine stitched together and Lateral Thoracic & Lumbar spine stitched together)
☐ **R & L Side bender w/ Thoracic Lumbar Stitching**
☐ Merrick ☐ Lindenhurst ☐ Smithtown ☐ Medford

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

☐ Magnetic Resonance Imaging (MRI)

☐ With I.V. Contrast ☐ Without I.V. Contrast
☐ With I.V. Sedation
☐ Any 3T or 1.5T ☐ 3T Wide Bore
☐ 1.5T Wide Bore

Body Region: _____

☐ Comuted Tomography (CT)

☐ CT-Flash - Lowest Radiation (Plainview/Stony Brook)
☐ With I.V. Contrast ☐ Without I.V. Contrast
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Bony Pelvis
☐ Extremity/Joint specify
☐ Other _____

☐ Ultrasound (Diagnostic)

☐ Orthopedic: Specify _____
☐ Venous Doppler
☐ Lower Extremity ☐ R ☐ L ☐ Bilateral
☐ Upper Extremity ☐ R ☐ L ☐ Bilateral
☐ Arterial Doppler
☐ Lower Extremity ☐ R ☐ L ☐ Bilateral
☐ Upper Extremity ☐ R ☐ L ☐ Bilateral

☐ Nuclear Bone Scan

☐ Whole Body with SPECT
☐ Whole Body with SPECT if needed
☐ Three Phase: Region _____
☐ Limited Area: Region _____

☐ Interventional Procedures

☐ MR Arthrography
☐ Hip ☐ R ☐ L ☐ With Steroid
☐ Shoulder ☐ R ☐ L ☐ With Steroid
☐ Knee ☐ R ☐ L ☐ With Steroid
☐ Wrist ☐ R ☐ L ☐ With Steroid
☐ Elbow ☐ R ☐ L ☐ With Steroid
☐ Other _____
☐ R ☐ L ☐ With Steroid

☐ Ultrasound Guided Steroid/Anesthetic Injections
☐ Iliopsoas Bursa ☐ R ☐ L
☐ Ischial Tuberosity ☐ R ☐ L
☐ Shoulder Paralabral Cyst Aspiration ☐ R ☐ L
☐ Calcific Tendinopathy Aspiration/Lavage ☐ R ☐ L
☐ Baker's Cyst Aspiration ☐ R ☐ L
☐ AC Joint ☐ R ☐ L
☐ SI Joint ☐ R ☐ L
☐ Ankle/Foot - Joint _____
☐ Other _____

☐ Joint Aspiration
Joint _____ ☐ R ☐ L

☐ DXA Bone Density

☐ Other