

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) \_\_\_\_\_  
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PATIENTS: CALL TO MAKE AN APPOINTMENT TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO [RX@ZPRAD.COM](mailto: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

**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  
 Clavicle/sc joint  
 Scapula  
 Sternum  
 Thoracic outlet  
 Abdomen  
Specify \_\_\_\_\_

Pelvis  
 Dynamic pelvis/  
MR defogram  
 Prostate  
 Enterography  
 MRCP  
 Rectal MRI

Other \_\_\_\_\_

**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 \_\_\_\_\_

**■ 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

**■ Nuclear Medicine**

Bone scan  
 Add SPECT if needed  
 Whole body  
 3 phase  
Region \_\_\_\_\_

Cardiac  
 Myocardial perfusion stress study  
 With treadmill/exercise  
 With pharm. agent  
 MUGA (gated blood pool)

Thyroid  
 Uptake & scan  
 I-131 treatment  
Dose \_\_\_\_\_

HIDA/DISIDA  
 With cholecystokinin

Renal  
 With lasix washout  
 DTPA

Parathyroid  
 Gastric emptying

Other \_\_\_\_\_

**■ 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:

**■ Interventional Biopsy**

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 \_\_\_\_\_  
 Perform targeted US first, if lesion identified, biopsy under US

MRI Breast Biopsy 1 Specify Region \_\_\_\_\_  
 Perform targeted US first, if lesion identified, biopsy under US

Other \_\_\_\_\_

**■ Echocardiogram**

**■ DXA Bone Density**

**■ Fluoroscopy**

Esophagram  Lap band  
 UGI (includes esophagram)  Hysterosalpingogram  
 UGI & small bowel series  Other:  
 Small bowel series only

**■ Digital X-RAY** Patients can print registration forms online

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

# ZWANGER-PESIRI RADIOLOGY

## ABDOMEN/PELVIS CT CONTRAST INFORMATION

NO ORAL			YES ORAL			
NO IV	PRE + POST IV	POST IV ONLY	PRE + POST IV	NO IV	POST IV ONLY	PRE + POST IV
•Abdominal+Pelvis <b>No contrast</b>	•Abdomen <b>Pre+Post</b> •Pelvis <b>Pre+Post</b>	•CTA •Abdomen •Abdomen+Pelvis	•Abdomen <b>Pre + Post</b>	•Abdomen + Pelvis <b>No IV Contrast</b>	•Abdomen + Pelvis <b>Post Contrast</b>	•Abdomen <b>Pre + Post</b> •Pelvis <b>Post</b>
74176	74178	74174	74170	74176	74177	74178
•For Stone Hunt Study Only	•Urogram •Hematuria  CTA ABDOMINAL AORTA TO EVALUATE STENT GRAFT 74175	75635-RUN OFF •Aortic Aneurysm •Aortic Aneurysm With Runoff	•Triple Phase Liver •Pancreas Study •Kidney Tumor •Adrenal Study	•Pain •Appendicitis •Diverticulitis	•Bloating •Diffuse Abdominal Pain •Enterography •Lymphoma	•Oncology Follow Up •Breast Cancer •Cervical Cancer •Colon Cancer

## MRI BODY & BODY VASCULAR

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT
Abdomen	MRI Abdomen <b>Non Contrast</b>	MRCF Hemachromatosis	74181
Abdomen	MRI Abdomen <b>Pre and Post IV Contrast</b>	Kidneys Liver Mass Adrenals Pancreas	74183
Brachial Plexus	MRI Chest <b>Non Contrast</b>	Brachial Plexus Neuropathy	71550
Chest Mediastinum	MRI Chest <b>Pre and Post IV Contrast</b>	Infection Mass Metastatic Disease Thoracic Outlet Syndrome	71552
Breast	MRI Breast <b>Pre and Post IV Contrast</b>	Breast Cancer BRCA 1/2 Positive Family History of Breast Cancer	77059
Breast	MRI Breast <b>Non IV Contrast</b>	Implant Rupture	77059
Cardiac	MRI Heart <b>Pre and Post IV Contrast</b>	Myocardial Perfusion EF Myocardial Infarction	75561
Pelvis - Female (GYN)	MRI Pelvis <b>Pre and Post IV Contrast</b>	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
Pelvis - Male	MRI Pelvis <b>Pre and Post IV Contrast</b>	Prostate Rectal Staging	72197

