

ZWANGER-PESIRI RADIOLOGY

631-444-5544 zprad.com

ISLAND OBSTETRICAL AND GYNEOLOGICAL

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)
2000 North Village Ave • Ste 109
Rockville Centre, NY 11570
Tel: (516) 678-4000 • Fax: (516) 678-9573

Nicholas J. Tarricone, MD, MHA, FACOG
 Lisa A. Turri, MD, FACOG
 Shelley Ioli, PA
 Other: _____

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

MAMMOGRAPHY

150 Screening With 3D Tomosynthesis
 Bilateral R L

150A Screening Bilateral R L

151 Diagnostic With 3D Tomosynthesis
 Bilateral R L

151A Diagnostic Bilateral R L

No lotions, deodorant, perfume or powder.
Bring previous outside mammograms.

ADD BREAST ULTRASOUND IF NEEDED

MRI (MAGNETIC RESONANCE IMAGING)

12 MRI Breast: Pre + Post IV Contrast 77049
 Breast Cancer
 Family History of Breast Cancer
 BRCA1/BRCA2 Positive

13 MRI Breast: No IV Contrast 77047
 Implant Rupture

26 MRI Pelvis: Pre + Post IV Contrast 72197
 Ovarian Mass Rectal Staging
 Fibroids Fistula
 Endometrioma Rectocele
 Adenomyosis Cystocele

27 MRI Pelvis: No IV Contrast 72195
 Pelvic Pain
 Sacral/Coccyx Pain
 SI Joint Pain

28 MRA/MRV Pelvis: Post IV Contrast 72198
 Pelvic Venous Thrombosis

49 Other _____

DEXA

160 Dexa Hips, Lumbar, Wrist 77080
161 Dexa Hips, Lumbar 77080
162 Dexa with LVA 77085
Indications: _____

X-RAY

122 X-Ray Chest
123 X-Ray Pelvis
 Hysterosalpingogram

129 Other _____

ULTRASOUND

103 US Breast
 Complete 76641 Bilateral Right Left
 Limited 76642 Bilateral Right Left
 Dense Breast Lump
 Abnormal/inconclusive Mammography

104 US Abdomen
 Abdomen Complete 76700
 Abdomen RUQ Only 76705
 Renal/Retroperitoneum Complete 76770

105 US Pelvis
 Gyn Transabdominal Only 76856
 Gyn Transvaginal Only 76830
 Gyn Transvaginal AND Transabdominal 76856/76830
 Hysterosonogram 58340/76831
 Bladder 76857

106 US OB (1st trimester only)
 Transabdominal Only 76801
 Transvaginal Only 76817
 Transabdominal AND Transvaginal 76801/76817
 Nuchal Translucency 76813

108 Extremity Doppler Ultrasound
 Venous for DVT Lower
 Bilateral 93970 Right 93971 Left 93971
 Pain Edema
 Difficulty walking Shortness of breath

119 Other _____

CT (COMPUTED TOMOGRAPHY)

72 CT Abdomen and Pelvis: Yes Oral, No IV Contrast 74176
 Appendicitis Abdominal Pain
 Diverticulitis Fever Bloating

73 CT Abdomen and Pelvis: No Oral, No IV Contrast 74176 Stonehunt

74 CT Abdomen and Pelvis: Yes Oral, Post IV Contrast Only 74177
 Enterography Lymphoma

75 CT Abdomen: Yes Oral, Pre + Post IV Contrast and Pelvis: Post IV Contrast 74178
 Oncology Follow-Up Colon Cancer
 Breast Cancer Cervical Cancer

79 CT Pelvis: No Oral Pre + Post IV Contrast 72194 Cystogram

80 CT Pelvis: Yes Oral Post IV Contrast 72193 Pelvic Pain

99 Other _____

INTERVENTIONAL/BIOPSY

170 US Breast FNA 10005 First lesion/10006 Add'l Lesions
Specify Region _____

171 US Core Biopsy 19083 (includes post procedure mammo)
Specify Region _____

172 Stereotactic Biopsy 19081 (includes post procedure mammo)
Specify Region _____
 Perform targeted US first, if lesion identified, biopsy under US

173 MRI Breast Biopsy 19085
Specify Region _____
 Perform targeted US first, if lesion identified, biopsy under US

179 Other _____

ABDOMEN/PELVIS CT

YES ORAL POST IV ONLY	YES ORAL PRE + POST IV
·Abdomen + Pelvis POST	·Abdomen PRE + POST ·Pelvis POST
EXAM #74 74177	EXAM #75 74178
·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	EXAM NUMBER	
Breast	MRI Breast Pre and Post IV Contrast	Breast Cancer BRCA 1/2 Positive	Family History of Breast Cancer	77059	12
Breast	MRI Breast Non IV Contrast	Implant Rupture		77059	13
Pelvis - Female (GYN)	MRI Pelvis Pre and Post IV 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	26
Pelvis - Male	MRI Pelvis Pre and Post IV Contrast	Prostate	Rectal Staging	72197	26
BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER	
Pelvis - MRV	MRA/MRV Pelvis Post IV ONLY Contrast	Pelvic Venous Thrombosis		72198	28

