ZWANGER-PESIRI RADIOLOGY
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JAGUST

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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2835 Middle Country Rd, Lake Grove, NY 11755

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
☐ Clavicle/sc joint
☐ 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

Neuro/ENT
☐ Brain
☐ Orbits
☐ Temporal bones
☐ Paranasal sinuses
☐ Soft tissues neck

Musculoskeletal
☐ Joint
Specify _____
☐ Extremity
Specify _____
☐ Scanogram

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 _____

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 _____

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

Ultrasound

☐ Breast
☐ Bilateral ☐ R ☐ L
☐ Thyroid
☐ Scrotal/testicular
☐ Transrectal prostate
☐ Pelvis (GYN)
☐ Transabdominal
☐ Transvaginal
☐ Transabdominal / Transvaginal
☐ Hysterosonogram
☐ Obstetrical
☐ Abdomen
☐ Aorta only
☐ Retroperitoneum (Renal/Bladder)

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

☐ 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 _____

Fluoroscopy

☐ Lap band
☐ Hysterosalpingogram
☐ Other:

MRI/PET

☐ Add MR intraveneous 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

DXA Bone Density

Digital X-RAY

Patients can print registration forms online

☐ Skull
☐ Orbits
☐ Facial bones
☐ Nasal bones

☐ C spine
☐ T spine
☐ L spine
☐ Sacrum

☐ Chest
☐ F/U abdomen
☐ KUB abdomen
☐ Pelvis

☐ Bone age
☐ Ribs

☐ Shoulder ☐ R ☐ L
☐ Humerus ☐ R ☐ L
☐ Elbow ☐ R ☐ L
☐ Forearm ☐ R ☐ L

☐ Wrist ☐ R ☐ L
☐ Hand ☐ R ☐ L
☐ Fingers ☐ R ☐ L
☐ Hips ☐ R ☐ L

☐ Femur ☐ R ☐ L
☐ Knee ☐ R ☐ L
☐ Tibia/fibula ☐ R ☐ L
☐ Ankle ☐ R ☐ L

☐ Foot ☐ R ☐ L
☐ Toes ☐ R ☐ L
☐ Other:

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ABDOMEN/PELVIS CT CONTRAST INFORMATION

NO ORAL NO IV	NO ORAL PRE + POST IV	NO ORAL POST IV ONLY	YES ORAL PRE + POST IV	YES ORAL NO IV	YES ORAL POST IV ONLY	YES ORAL PRE + POST IV
•Abdominal+Pelvis **No contrast**	•Abdomen **Pre+Post** •Pelvis **Pre+Post**	•CTA •Abdomen •Abdomen+Pelvis	•Abdomen **Pre + Post**	•Abdomen + Pelvis **No IV Contrast**	•Abdomen + Pelvis **Post Contrast**	•Abdomen **Pre + Post** •Pelvis **Post**
74176	**74178**	**74174** **75635-run off**	**74170**	**74176**	**74177**	**74178**
•For Stone Hunt Study Only	•Urogram •Hematuria	•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
	CTA ABDOMINAL AORTA TO EVALUATE STENT GRAFT **74175**					

MRI BODY & BODY VASCULAR

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