



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)

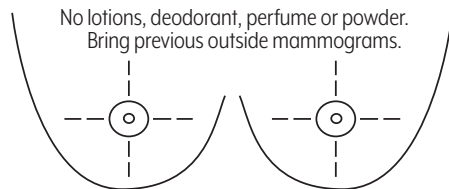
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PATIENTS: CALL TO MAKE AN APPOINTMENT TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO RX@ZPRAD.COM

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



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**
- (129) Other** _____

HYSTEROSALPINGOGRAM

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
<ul style="list-style-type: none"> •Abdomen + Pelvis POST <p>EXAM #74 74177</p> <ul style="list-style-type: none"> •Bloating •Diffuse Abdominal Pain •Enterography •Lymphoma 	<ul style="list-style-type: none"> •Abdomen PRE + POST •Pelvis POST <p>EXAM #75 74178</p> <ul style="list-style-type: none"> •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

