



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) _____ 750 Old Country Road, Plainview, NY 11803
T: (516) 937-6620 F: (516) 937-6628

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

MRI (MAGNETIC RESONANCE IMAGING)

- 1 MRI Brain: No IV Contrast 70551**
 Stroke Dizziness
 Transient Ischemic Attack Trauma
 Headache Cine Flow Study (78630)
 Dementia Seizures
 Memory Loss Multiple Sclerosis
- 2 MRI Brain: Pre + Post IV Contrast 70553**
 Brain Tumor Seizures
 Metastasis Bell's Palsy
 Multiple Sclerosis Cranial Nerve Lesion
 Pituitary Adenoma Spectroscopy (76390)
 Internal Auditory Canals
- 3 MRA Head: No IV Contrast 70544**
 Aneurysm Vertebrobasilar Syndrome
 Pulsatile Tinnitus Arteriovenous Malformation
 Dizziness Visual Field Defect
 Syncope
- 7A MRI TMJ No IV Contrast 70336**
- 7B MRI TMJ Pre + Post IV Contrast 70336**
- 9 MRI Soft Tissue Neck: Pre + Post IV Contrast 70543**
 Nasopharynx Mass Neck Mass
 Tongue/Floor of Mouth Mass Parotid Mass
 Vocal Cord Paralysis Infection
- 10 MRA Neck: No IV Contrast 70547**
 Stenosis
- 11 MRA Neck: Pre + Post IV Contrast 70549**
 Stenosis Dizziness
 Bruit Stroke
- 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
- 15 MRI Chest: Pre + Post IV Contrast 71552**
 Chest Wall Mass Abscess
 Mediastinum Mass Pericardial Disease
- 16 MRI Chest: No IV Contrast 71550**
 Pectoralis Tear SC Joint Pain
 Sternal Trauma Brachial Plexus
- 17 MRI Heart: Pre + Post IV Contrast 75561**
 Myocardial Perfusion Cardiac Function
 Myocardial Infarct Ejection Fraction
- 18 MRA Chest: Post IV Contrast 71555**
 Thoracic Aneurysm Dissection
 Pulmonary Vein Mapping
- 20 MRI Abdomen Pre + Post IV Contrast 74183**
 Abnormal Liver Functions Pancreatitis
 Hemangioma Renal Mass
 Abdominal Pain Hematuria
 Cirrhosis Adrenal Mass
- 21 MRI Abdomen Pre + Post IV Contrast with MRCP 74183/S8037**
 Biliary Obstruction Jaundice
 Pancreatitis
- 22 MRI Abdomen No IV Contrast 74181**
 Hemachromatosis (1.5 Tesla Only)
 Ductal Stones
- 23 MRA Abdomen Post IV Contrast Only 74185**
 Abdominal Aneurysm Hypertension
 Mesenteric Arterial Stenosis

- 24 MRI Enterography: Pre + Post IV Contrast; with Glucagon 74183/72197**
 Crohn's Disease
 Small Bowel Tumor
 Celiac Disease
- 26 MRI Pelvis: Pre + Post IV Contrast 72197**
 Ovarian Mass Fistula
 Fibroids Rectocele
 Endometrioma Cystocele
 Adenomyosis Prostate Cancer
 Rectal Staging
 Benign Prostatic Hyperplasia
- 27 MRI Pelvis: No IV Contrast 72195**
 Pelvic Pain
 SI Joint Pain
 Sacral/Coccyx Pain
- 29 MRI Upper Extremity Joint: No IV Contrast 73221**
 R L Shoulder Indications: Fracture
 R L Elbow Joint Pain Labral Tear
 R L Wrist Arthritis Ligament Tear
 Bursitis Tendon Tear
- 32 MRI Upper Extremity Non-Joint: No IV Contrast 73218**
 R L Humerus Indications:
 R L Forearm Fracture
 R L Hand Muscle Tear
 R L Finger Specify#: _____ Tendon Tear
- 34 MRI Lower Extremity Joint: No IV Contrast 73721**
 R L Hip Indications: Meniscal Tear
 R L Knee Pain Ligament Tear
 R L Ankle Fracture Cartilage Tear
 Internal Derangement Instability
 Labral Tear
- 37 MRI Lower Extremity Non-Joint: No IV Contrast 73718**
 R L Femur/Thigh Indications:
 R L Tib/Fib / Calf Fracture
 R L Foot Muscle Tear
 R L Toe Specify#: _____ Tendon Tear
- 39 MRA ABD/PEL and Lower Extremity Runoff: Post IV Contrast 74185, 72198, 73725, 73725**
 Claudication
- 40 MRI Cervical Spine: No IV Contrast 72141**
 Neck Pain Disc Herniation
 Numbness Trauma
 Radiculopathy
- 41 MRI Cervical Spine: Pre + Post IV Contrast 72156**
 Syrinx Tumor/Mass
 Discitis Osteomyelitis
 Multiple Sclerosis
- 42 MRI Thoracic Spine: No IV Contrast 72146**
 Pain Trauma
 Disc Herniation Compression Fracture
 Radiculopathy
- 43 MRI Thoracic Spine: Pre + Post IV Contrast 72157**
 Syrinx Tumor/Mass
 Discitis Osteomyelitis
 Multiple Sclerosis
- 44 MRI Lumbar Spine: No IV Contrast 72148**
 Lower Back Pain Disc Herniation
 Numbness Radiculopathy
 Trauma Leg Pain
- 45 MRI Lumbar Spine: Pre + Post IV Contrast 72158**
 Discitis Tumor/Mass
 Post-Op
- 49 Other**

X-RAY

- 120 X-Ray Head**
 Skull
 Nasal Bones
 Facial Bones
 Sinus
 Orbits For Foreign Body
 Orbits-Complete
- 121 X-Ray Neck**
 Soft Tissue Neck Lateral
 Mandible
 TMJ Bilateral Right Left
- 122 X-Ray Chest**
 Chest
 Right Ribs
 Left Ribs
 Bilateral Ribs
 Sternum
 Sternoclavicular Joints
- 123 X-Ray Abdomen And Pelvis**
 KUB (Supine Only)
 Supine And Upright
 Pelvis
 Sacroiliac Joints
 Hysterosalpingogram
 Sitz Marker Study
- 124 X-Ray Spine**
 Cervical
 Add Lateral Flexion/Extension
 Add AP Right & Left Lateral Bending
 Thoracic
 Lumbar
 Obtain Lumbar Films Upright
 Add Lateral Flexion/Extension
 Add AP Bending To R & L
 Sacrum/Coccyx
 Scoliosis Series (Always Upright)
- 125 X-Ray Extremities**
 RIGHT LEFT BILATERAL
 Clavicle
 A/C Joints Weight-Bearing
 Shoulder
 Scapula
 Humerus
 Elbow
 Forearm
 Wrist
 Bone Age
 Hand
 Finger Specify #: _____
 Pelvis Weight-Bearing
 Hip Weight-Bearing
 Femur
 Knee Weight-Bearing
 Tibia/Fibula
 Ankle
 Calcaneus
 Foot Weight-Bearing
 Toe Specify #: _____
- 126 Skeletal Xray Survey**
- 129 Other**



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) _____ 750 Old Country Road, Plainview, NY 11803
T: (516) 937-6620 F: (516) 937-6628

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

CT (COMPUTED TOMOGRAPHY)

- 50 CT Head: No IV Contrast 70450**
 Transient Ischemic Attack Dementia
 Stroke Seizures
 Bleed Trauma
 Headaches Multiple Sclerosis
- 51 CT Head: Post IV Contrast Only 70460**
 Infection Diplopia
- 52 CT Head: Pre + Post IV Contrast 70470**
 Brain Tumor Abscess
 Metastasis Meningitis
- 57 CT Maxillofacial/Sinus: No IV Contrast 70486**
 Sinusitis Swelling
 Facial Bone Trauma
- 57A Maxillofacial/Sinus: Post IV Contrast 70487**
 Post-op Osteomyelitis
- 62 CT Soft Tissue Neck: No IV Contrast 70490**
 Salivary Stone Swelling
- 63 CT Soft Tissue Neck: Post IV Contrast ONLY 70491**
 Neck Mass Adenopathy
- 66 CT Chest: No IV Contrast 71250**
 Cough Atelectasis
 Lung Nodule COPD
 Asbestosis Fibrosis
 Effusion Calcium Scoring
 Congestive Heart Failure
- 67 CT Lung Cancer Screening: No IV Contrast G0297 or S0832 (depends on insurance)**
- 68 CT Chest: Post IV Contrast ONLY 71260**
 Hilar Adenopathy Hemoptysis
 Central Lung Cancers Infection
 Lung Mass
- 69 CTA Chest: Post IV Contrast Only 71275**
 Aneurysm Aortic Dissection
 Pulmonary Embolism Pulmonary Vein
- 70 CTA Coronary Arteries: Post IV Contrast Only 75574**
 Stenosis Occlusion
- 71 CT Calcium Scoring: No IV Contrast (self pay)**
- 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 Breast Cancer
 Colon Cancer Cervical Cancer
- 76A CTA Abdomen and Pelvis: Yes Oral 74174**
- 77 CT Abdomen: Yes Oral, Pre + Post IV Contrast 74170**
 Adrenal Mass Elevated LFT'S
 Pancreatic Mass Cirrhosis
 Pancreatitis Fatty Liver
 Liver Mass Renal Mass
- 84 CT Cervical Spine: No IV Contrast 72125**
- 85 CT Thoracic Spine: No IV Contrast 72128**
- 86 CT Lumbar Spine: No IV Contrast 72131**
- 87 CT R L Upper Extremity: No IV Contrast 73200**
 Fracture Clavicle Humerus Wrist
 Pain Shoulder Elbow Hand
 Pain Scapula Forearm Fingers
- 88 CT R L Upper Extremity: Post IV Contrast Only 73201**
 Tumor Clavicle Humerus Wrist
 Infection Shoulder Elbow Hand
 Infection Scapula Forearm Fingers

CT (COMPUTED TOMOGRAPHY) CONT'D

- 90 CT R L Lower Extremity: No IV Contrast 73700**
 Fracture Hip Tib/Fib Foot
 Pain Femur Ankle Toes
 Pain Knee
- 91 CT R L Lower Extremity: Post IV Contrast Only 73701**
 Tumor Hip Tib/Fib Foot
 Infection Femur Ankle Toes
 Infection Knee
- 93 CTA Upper Extremity R L Post IV Contrast 73206**
 Stenosis Occlusion
- 94 CTA Lower Extremity R L Post IV Contrast 73706**
 Stenosis Occlusion
- 99 Other**

NUCLEAR MEDICINE

- 210** Thyroid Uptake And Scan 78014
- 211** Thyroid I-131 Treatment 79005
- 212** Parathyroid with SPECT 78071
- 215** MUGA 78472
- 216** HIDA 78226 with CCK 78227
- 217** Kidneys With Flow And Function (DTPA) 78707
- 218** Kidneys With Lasix (DTPA) 78708
- 219** Gastric Emptying 78264
- 220** Bone Scan-Whole Body 78306
- 221** Bone Scan 3 Phase 78315
Region _____
- 222** Bone Scan Spect 78320
Region _____
- 229** Other _____

PET

PLEASE FAX SCRIPT AND CLINICAL NOTES TO: 631-992-6464

- PET/CT**
200 Brain 78608 PET
201 Skull Base To Mid Thighs 78815
202 Whole Body 78816
- PET with MRI for attenuation correction**
204 Brain 78608 PET
205 Skull Base To Mid Thighs 78812
206 Whole Body 78813

DEXA

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

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
- 152** Male Diagnostic With 3D Tomosynthesis
 Bilateral R L

ULTRASOUND

- 101** **US Neck** 76536
 Neck Thyroid Parotid
- 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
 Renal Transplant including Doppler 76776
 Aorta 76775
- 105** **US Pelvis**
 Gyn Transabdominal Only 76856
 Gyn Transvaginal Only 76830
 Gyn Transvaginal AND Transabdominal 76856/76830
 Hysterosonogram 58340/76831
 Bladder 76857
 Male Pelvis 76856
 Prostate (Transrectal) 76872
 Groin R L 76882
 Testicular/Scrotal 76870
- 107** **US Vascular / Cardiac**
 Carotid Doppler 93880
 Dizziness and giddiness Localized swelling
 Syncope/Collapse Mass/Lump Neck
 Neck Pain Echocardiogram 93306
 Complete Abdominal Doppler 93975
 Renal Artery Doppler 93975
- 108** **Extremity Doppler Ultrasound**
 Venous for DVT **Upper** **Lower**
 Bilateral 93970 Right 93971 Left 93971
 Pain Edema
 Difficulty walking Shortness of breath
- Arterial Upper**
 Bilateral 93930 Right 93931 Left 93931
- Arterial Lower**
 Bilateral 93925 Right 93926 Left 93926
 Atherosclerosis Claudication Pelvic Pain
- 119** **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** _____