

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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- ☐ David J Weissberg, MD
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☐ Tom Heinisch, PA

PATIENTS:

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

ORTHOPEDIC IMAGING

☐ **Magnetic Resonance Imaging (MRI)**

- ☐ With & Without I.V. Contrast ☐ No I.V. Contrast
☐ With I.V. Sedation
☐ 3T Wide-Bore ☐ 1.5T Wide-Bore ☐ Either 3T or 1.5T Wide-Bore
☐ 1.2 Open-Sided
☐ Cervical Spine
☐ Thoracic Spine Levels _____
☐ Lumbar Spine
☐ Sacrum/Coccyx
☐ Shoulder ☐ R ☐ L
☐ Elbow ☐ R ☐ L
☐ Wrist ☐ R ☐ L
☐ Hand ☐ R ☐ L
☐ Finger ☐ R ☐ L
☐ Specify ☐ R ☐ L
☐ Pelvis ☐ R ☐ L
☐ Hip ☐ R ☐ L
☐ Knee ☐ R ☐ L
☐ Ankle ☐ R ☐ L
☐ Foot ☐ R ☐ L
☐ Toe ☐ R ☐ L
Specify _____
☐ Long Bone
Specify _____

Preoperative Joint Scans

- ☐ Biomet Signature
☐ Conformis
☐ Wright Prophecy
☐ DePuy TruMatch
☐ Zimmer

☐ **Computed Tomography (CT)**

- ☐ 2D & 3D Reformatting ☐ With Contrast
☐ Without Contrast ☐ With & Without Contrast
☐ Oral Contrast Only ☐ IV Contrast Only
☐ Oral & IV Contrast
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Bony Pelvis
☐ Extremity/Joint specify
☐ Other _____

☐ **Digital X-Ray** Specify _____

☐ **DXA Bone Density**

☐ **Ultrasound** (Diagnostic)

- ☐ Orthopedic: Specify _____
☐ Venous Doppler
☐ Lower Extremity ☐ R ☐ L ☐ Bilateral
☐ Upper Extremity ☐ R ☐ L ☐ Bilateral
☐ Arterial Doppler
☐ Lower Extremity ☐ R ☐ L ☐ Bilateral
☐ Upper Extremity ☐ R ☐ L ☐ Bilateral

☐ **Nuclear Bone Scan**

- ☐ Whole Body with SPECT
☐ Whole Body with SPECT if needed
☐ Three Phase: Region _____
☐ Limited Area: Region _____

☐ **Interventional Procedures**

- ☐ MR Arthrography
☐ Hip ☐ R ☐ L ☐ With Steroid
☐ Shoulder ☐ R ☐ L ☐ With Steroid
☐ Knee ☐ R ☐ L ☐ With Steroid
☐ Wrist ☐ R ☐ L ☐ With Steroid
☐ Elbow ☐ R ☐ L ☐ With Steroid
☐ Other _____
☐ R ☐ L ☐ With Steroid
☐ Ultrasound Guided Steroid/Anesthetic Injections
☐ Iliopsoas Bursa ☐ R ☐ L
☐ Ischial Tuberosity ☐ R ☐ L
☐ Shoulder Paralabral Cyst Aspiration ☐ R ☐ L
☐ Calcific Tendinopathy Aspiration/Lavage ☐ R ☐ L
☐ Baker's Cyst Aspiration ☐ R ☐ L
☐ AC Joint ☐ R ☐ L
☐ SI Joint ☐ R ☐ L
☐ Ankle/Foot - Joint _____
☐ Other _____
☐ Joint Aspiration
Joint _____ ☐ R ☐ L

☐ **Other**

MRI MUSCULOSKELETAL

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
<u>Extremity, Non Joint:</u> Forearm Thigh Hand / Finger Lower Leg Humerus Foot / Toes	MRI Non-joint Non Contrast Upper Extremity / Lower Extremity	Fracture / Stress Fracture Muscle / Tendon Tear	73218/73718	32/37
<u>Extremity, Non Joint:</u> Forearm Thigh Hand/Finger Lower Leg Humerus Foot / Toes	MRI Non-joint Pre and Post IV Contrast Upper Extremity / Lower Extremity	(Venous Injection) Abscess Cellulitis Morton's Neuroma	Osteomyelitis Soft Tissue Tumor/Mass Ulcer	73220/73720 33/38
<u>Extremity, Joint:</u> Shoulder Hip Elbow Knee Wrist Ankle	MRI Joint Non Contrast Upper Extremity / Lower Extremity	Arthritis Cartilage Tear Fracture/Stress Fracture Internal Derangement	Joint Pain Ligament Tear Meniscal Tear Muscle / Tendon Tear	73221/73721 29/34
<u>Extremity, Joint:</u> Shoulder Hip Elbow Knee Wrist Ankle	MRI Joint Pre and Post IV Contrast Upper Extremity / Lower Extremity	(Venous Injection) Abscess Cellulitis	Osteomyelitis Tumor / Mass Ulcer	73223/73723 30/35
Joint: Arthrogram	MRI Joint Post Contrast	Intra-articular Injection	73222/73722	31/36
Chest - MSK	MRI Chest Non Contrast	AC joint Pain SC joint Pain Scapula	Sternum Brachial Plexus 71550	16

MRI SPINE

Body Part	Procedure to Pre-Cert	Reason for Exam		CPT	Exam Number
Spine: Cervical	MRI Cervical Spine Non Contrast	Degenerative Disease Disc Herniation Extremity Pain/Weakness	Neck Pain Radiculopathy Trauma	72141	40
Spine: Cervical	MRI Cervical Spine Pre and Post IV Contrast	Discitis Mass/Lesion	Osteomyelitis	72156	41
Spine: Thoracic	MRI Thoracic Spine Non Contrast	Back Pain Compression Fx Disc Herniation	Radiculopathy Stenosis Trauma	72146	42
Spine: Thoracic	MRI Thoracic Spine Pre and Post IV Contrast	Discitis Mass/Lesion	Osteomyelitis	72157	43
Spine: Lumbar	MRI Lumbar Spine Non Contrast	Back Pain Compression Fx Disc Herniation	Radiculopathy Trauma	72148	44
Spine: Lumbar	MRI Lumbar Spine Pre and Post IV Contrast	Osteomyelitis Post Lumbar Surgery (<10	Yrs) Discitis Mass/Lesion	72158	45

MRI BODY & BODY VASCULAR

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Brachial Plexus	MRI Chest Non Contrast	Brachial Plexus Neuropathy	71550	16
BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Peripheral Angiography	MRA Abd/Pel and Lower Extremity Runoff Post IV ONLY Contrast	Claudication	74185/ 72198/ 73725/ 73725	39

