

PATIENT LAST NAME

PATIENT FULL FIRST NAME

TODAY'S DATE

DATE OF BIRTH

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT):

ICD-10:

575 Underhill Blvd, Suite 179

Syosset, NY 11791

T: (516) 938-2877 F: (516) 933-3838

PHYSICIAN SIGNATURE (REQUIRED)

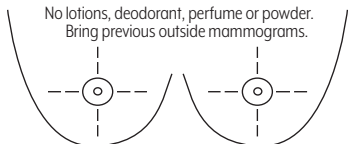
**PATIENTS:**

CALL TO MAKE AN APPOINTMENT  TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO [RX@ZPRAD.COM](mailto: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) MR/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**

<b>YES ORAL POST IV ONLY</b>	<b>YES ORAL PRE + POST IV</b>
•Abdomen + Pelvis <b>POST</b>  <b>EXAM #74</b>  74177	•Abdomen <b>PRE + POST</b> •Pelvis <b>POST</b>  <b>EXAM #75</b>  74178
•Bloating •Diffuse Abdominal Pain •Enterography •Lymphoma	•Oncology Follow Up •Breast Cancer •Cervical Cancer •Colon Cancer

**MRI BODY & BODY VASCULAR**

<b>BODY PART</b>	<b>PROCEDURE TO PRE-CERT</b>	<b>REASON FOR EXAM</b>	<b>CPT</b>	<b>EXAM NUMBER</b>	
Breast	MRI Breast <b>Pre and Post IV</b> Contrast	Breast Cancer BRCA 1/2 Positive	Family History of Breast Cancer	77059	<b>12</b>
Breast	MRI Breast <b>Non IV</b> Contrast	Implant Rupture		77059	<b>13</b>
Pelvis - Female (GYN)	MRI Pelvis <b>Pre and Post IV</b> 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	<b>26</b>
Pelvis - Male	MRI Pelvis <b>Pre and Post IV</b> Contrast	Prostate	Rectal Staging	72197	<b>26</b>
<b>BODY PART</b>	<b>PROCEDURE TO PRE-CERT</b>	<b>REASON FOR EXAM</b>	<b>CPT</b>	<b>EXAM NUMBER</b>	
Pelvis - MRV	MRA/MRV Pelvis <b>Post IV ONLY</b> Contrast	Pelvic Venous Thrombosis		72198	<b>28</b>

**ZP RAD**

907 NORTHERN BLVD  
GREAT NECK 11021  
Fax (516) 288-3075

1390 HEMPSTEAD TPKE  
ELMONT 11003  
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324W 125TH STREET  
HARLEM 10027  
Fax (718) 696-0767

1888 WESTCHESTER AVE  
PARKCHESTER 10472  
Fax (718) 696-0193

205 SMITH STREET  
COBBLE HILL 11201  
Fax (718) 684-7425

1128 EASTERN PKWY  
CROWN HEIGHTS 11213  
Fax (718) 684-7438

102-34 ATLANTIC AVE  
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231-35 MERRICK BLVD  
LAURELTON 11413  
Fax (718) 684-7421

88-12 QUEENS BLVD  
ELMHURST 11373  
Fax (718) 684-7427

625 ROCKAWAY TPKE  
LAWRENCE 11559  
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LYNBROOK 11563  
Fax (516) 933-0745

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HUNTINGTON 11746  
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Fax (516) 433-7201

272 NORTH BROADWAY  
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CORAM 11727  
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BAY SHORE 11706  
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WEST ISLIP 11795  
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LINDENHURST 11757  
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MEDFORD 11763  
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5650 SUNRISE HWY  
SAYVILLE 11782  
Fax (631) 265-5589

BROOKHAVEN PROF. PARK  
285 SILLS RD, BLDG#15  
PATCHOGUE 11772  
Fax (631) 670-8941

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