

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)

- Dr. Aimee Leo
- Dr. Salvatore Leo

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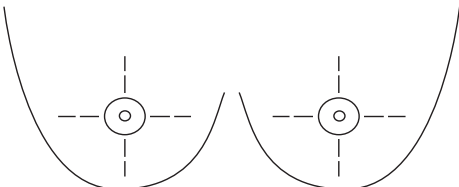


PATIENTS: TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO RX@ZPRAD.COM

MAMMOGRAPHY

- 150 Screening** Bilateral R L
- With 3D Tomosynthesis 77063

- 151 Diagnostic** Bilateral R L
- With 3D Tomosynthesis G0279



No lotions, deodorant, perfume or powder. Bring previous outside mammograms.

ADD BREAST ULTRASOUND IF NEEDED

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

MRI (MAGNETIC RESONANCE IMAGING)

- 12 MRI Breast: Pre + Post IV Contrast** 77059
 - Breast Cancer
 - Family History of Breast Cancer
 - BRCA1/BRCA2 Positive

- 13 MRI Breast: No IV Contrast** 77059
 - 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:** _____

CT (COMPUTED TOMOGRAPHY)

- 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** 76942/10022
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
·Abdomen + Pelvis POST	·Abdomen PRE + POST ·Pelvis POST
EXAM #74 74177	EXAM #75 74178
·Bloating ·Diffuse Abdominal Pain ·Enterography ·Lymphoma	·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

