

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)

656 North Wellwood Ave, Lindehurst, NY 11757
T:(631) 225-1010 F:(631) 225-1004

Bill to Louis Lasky Memorial Medical Center



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

X-RAY

120 X-Ray Head

- Skull
- Sinus
- Nasal Bones
- Orbits For Foreign Body
- Facial Bones
- Orbits-Complete

121 X-Ray Neck

- Soft Tissue Neck Lateral
- Mandible
- TMJ Bilateral R L

122 X-Ray Chest

- Chest
- Bilateral Ribs
- Right Ribs
- Sternum
- Left Ribs
- Sternoclavicular Joints

123 X-Ray Abdomen And Pelvis

- KUB (Supine Only)
- Esophogram
- Supine And Upright
- Sitz Marker Study
- Pelvis
- Upper GI
- Sacroiliac Joints
- Upper GI/Small Bowel
- Hysterosalpingogram
- Small Bowel Series

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 R L BILATERAL

- Clavicle A/C Joints
- 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 X-ray Survey

129 Other _____

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