



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

Physician *Letter of Medical Necessity*

Please be advised that _____ is presently
Patient Name Date of Birth
being treated under my care. I find the test indicated below to be medically necessary.

Clinical Indications/Signs/Symptoms: (MUST BE INCLUDED)

_____ **ICD-10:** _____

Mumtaz Mohidin, MD
431 Deer Park Ave, Babylon, NY 11702
T: (631) 376-1101 F: (631) 376-1139

Physician Signature (Required) _____ Date _____

RADIOLOGICAL IMAGING REFERRAL

- MRI** **MRA** Body Region _____
 With & Without IV Contrast No Contrast
 3T Wide-Bore 1.5T Wide-Bore 1.2 Open-Sided Either 3T or 1.5T Wide-Bore
- CT** **CTA** Body Region _____
 With Contrast Without Contrast With & Without Contrast
 Oral Contrast Only IV Contrast Only Oral & IV Contrast
- Ultrasound** Body Region _____
- MRI/PET** Routine Oncologic Metabolic Brain Other:
- PET/CT** Routine Oncologic Metabolic Brain Other:
- Nuclear Medicine** Body Region _____
- Biopsy** Body Region _____
- X-Ray** Body Region _____ Specify: Right Left Bilateral

Women's Imaging

- Mammogram-Screening With 3D Breast Tomosynthesis**
- Mammogram-Screening**
 - Add ultrasound if indicated based on mammogram results
 - Add diagnostic 3D mammogram if indicated from screening mammogram
 - Add diagnostic mammogram if indicated from screening mammogram
- Breast Ultrasound** Bilateral Right Left
- DXA Bone Density**
- Breast Biopsy** Stereotactic Ultrasound-guided MRI-guided

Other _____

ZWANGER-PESIRI RADIOLOGY

ABDOMEN/PELVIS CT CONTRAST INFORMATION

NO ORAL NO IV	NO ORAL PRE + POST IV	NO ORAL POST IV ONLY	YES ORAL PRE + POST IV	YES ORAL NO IV	YES ORAL POST IV ONLY	YES ORAL PRE + POST IV
·Abdominal+Pelvis No contrast	·Abdomen Pre+Post ·Pelvis Pre+Post	·CTA ·Abdomen ·Abdomen+Pelvis	·Abdomen Pre + Post	·Abdomen + Pelvis No IV Contrast	·Abdomen + Pelvis Post Contrast	·Abdomen Pre + Post ·Pelvis Post
74176	74178	74174	74170	74176	74177	74178
·For Stone Hunt Study Only	·Urogram ·Hematuria	75635 - RUN OFF ·Aortic Aneurysm ·Aortic Aneurysm With Runoff	·Triple Phase Liver ·Pancreas Study ·Kidney Tumor ·Adrenal Study	·Pain ·Appendicitis ·Diverticulitis	·Bloating ·Diffuse Abdominal Pain ·Enterography ·Lymphoma	·Oncology Follow Up ·Breast Cancer ·Cervical Cancer ·Colon Cancer
	CTA ABDOMINAL AORTA TO EVALUATE STENT GRAFT 74175					

MRI BODY & BODY VASCULAR

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT
Abdomen	MRI Abdomen Non Contrast	MRCP Hemochromatosis	74181
Abdomen	MRI Abdomen Pre and Post IV Contrast	Kidneys Liver Mass Adrenals Pancreas	74183
Brachial Plexus	MRI Chest Non Contrast	Brachial Plexus Neuropathy	71550
Chest Mediastinum	MRI Chest Pre and Post IV Contrast	Infection Mass Metastatic Disease Thoracic Outlet Syndrome	71552
Breast	MRI Breast Pre and Post IV Contrast	Breast Cancer BRCA 1/2 Positive Family History of Breast Cancer	77059
Breast	MRI Breast Non IV Contrast	Implant Rupture	77059
Cardiac	MRI Heart Pre and Post IV Contrast	Myocardial Perfusion EF Myocardial Infarction	75561
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
Pelvis - Male	MRI Pelvis Pre and Post IV Contrast	Prostate Rectal Staging	72197

