

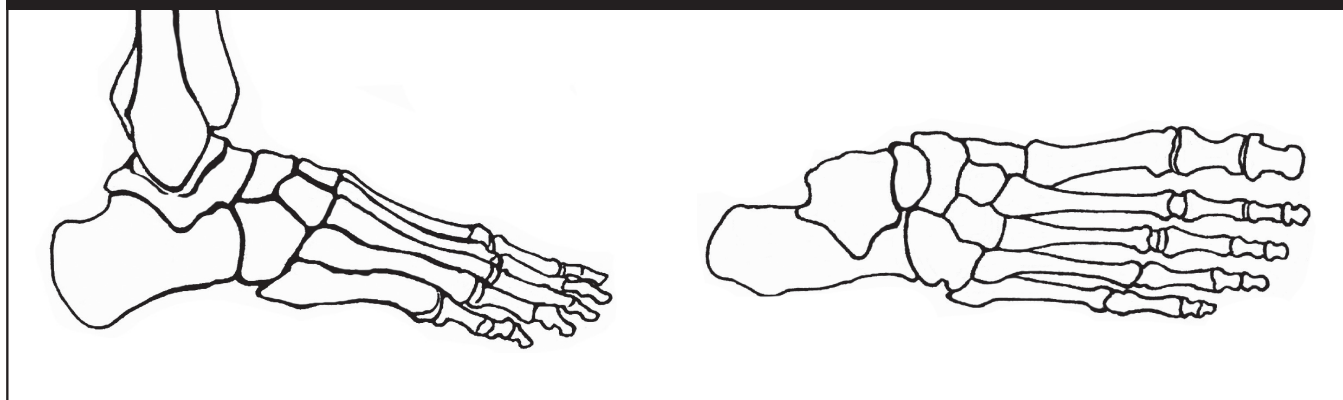
		/ /	/ /
PATIENT LAST NAME	PATIENT FULL FIRST NAME	TODAY'S DATE	DATE OF BIRTH

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT):
ICD-10

	☐ Victor Arena, DPM ☐ John Tsouris, DPM ☐ Dr. Ernest Isaacson ☐ Dr. Danielle Edwards	4 Technology Drive • Suite 110 • East Setauket, NY 11733 Tel: 631-331-8400 • Fax: 631-331-8455
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**

Please Select Part Of Foot:	MRI no contrast	MRI pre+post contrast	CT no contrast	CT post contrast
☐ R ☐ L ☐ Ankle	☐ 73721	☐ 73723	☐ 73700	☐ 73701
☐ R ☐ L ☐ Heel	☐ 73721	☐ 73723	☐ 73700	☐ 73701
☐ R ☐ L ☐ Foot	☐ 73718	☐ 73720	☐ 73700	☐ 73701
☐ R ☐ L ☐ Toes # _____	☐ 73718	☐ 73720	☐ 73700	☐ 73701

PLEASE MARK X AT THE LOCATION OF SUSPECTED PATHOLOGY

CLINICAL INDICATIONS
PLEASE CHECK ALL THAT APPLY
NO IV CONTRAST
BONE

- ☐ Fracture/Contusion/AVN
- ☐ Osteochondritis Dissecans
- ☐ Bone Lesion
- ☐ Avascular Necrosis
- ☐ Abnormal or Inconclusive X-Ray
- ☐ Abnormal or Inconclusive Bone Scan
- ☐ Other _____

SOFT TISSUE

- ☐ Tendon Path _____
- ☐ Ligament Path _____
- ☐ Lisfranc Injury
- ☐ Plantar Fasciitis/Tear/Fibroma
- ☐ Tarsal Tunnel Syndrome
- ☐ Sinus Tarsi Syndrome
- ☐ Neuroma/Bursitis
- ☐ Swelling/Mass/Lump
- ☐ Other _____

PRE + POST CONTRAST MRI

- ☐ Soft Tissue Mass/Tumor
- ☐ Cellulitis/Infection/Osteomyelitis
- ☐ Other _____

NUCLEAR MEDICINE

- (221)** ☐ Bone Scan 3 Phase 78315

X-RAY
(125) X-Ray Extremities

- ☐ R ☐ L ☐ BILATERAL
- ☐ Tibia/Fibula
- ☐ Ankle
- ☐ Weight-bearing
- ☐ Heel/Calcaneus
- ☐ Foot
- ☐ Weight-bearing
- ☐ Toe Specify # _____

(129) Other _____
DIAGNOSTIC US
(109) Extremity Ultrasound 76881

- ☐ R ☐ L
- ☐ Medial ankle
- ☐ Lateral ankle
- ☐ Heel/Achilles
- ☐ Heel/Plantar fascia
- ☐ Neuroma/plantar plate
- ☐ Soft tissue mass/lump
- ☐ Other _____

INTERVENTIONAL
(177) MSK Ultrasound-Guided ☐ R ☐ L

- ☐ Aspiration ☐ Injection

Of: _____
please specify location/joint

(178) Lab/Fluid Analysis

- ☐ Culture & Gram Stain
- ☐ Cell Count
- ☐ FNA & Cyto/Histopathology
- ☐ Other _____

(179) Other _____
VASCULAR ULTRASOUND
(108) Extremity Doppler Ultrasound

- ☐ Venous for DVT ☐ Upper ☐ Lower
- ☐ Bilateral 93970 ☐ Right 93971 ☐ Left 93971

- ☐ Arterial ☐ Upper ☐ Lower

☐ Bilateral 93930 ☐ Right 93931 ☐ Left 93931

(119) Other _____



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