

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)

145 Franklin Pl, Woodmere, NY 11598 T: (516) 295-1200 F: (516) 295-1207
 2592A Merrick Rd, Bellmore, NY 11710 T: (516) 679-5000 F: (516) 679-5340

- | | |
|---|---|
| <input type="checkbox"/> Abraham Green, MD | <input type="checkbox"/> Ingrid Soltys, MD |
| <input type="checkbox"/> Moshe Schlusberg, MD | <input type="checkbox"/> Max Halpern, MD |
| <input type="checkbox"/> Judith Green, MD | <input type="checkbox"/> Marilyn Kattuputhusseril, DO |

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

■ MRI

3T Wide-Bore 1.5T Wide-Bore 1.2 Open-Sided
 Either 3T or 1.5T Wide-Bore

With & without contrast No contrast

With I.V. sedation

Neuro/ENT/Spine

Brain
 Orbits
 Pituitary
 IAC
 Cervical spine
 Thoracic spine
 Lumbar spine
 Sacrum/coccyx
 CSF Flow
 DTI
 Perfusion
 MR spectroscopy
 TMJ
 Soft tissue neck/parotid

MRA

Carotid MRA
 Intracran/circle of Willis
 Intracran/MR venogram
 MR venogram
 Specify _____
 NOVA
 Carotid
 Aortic arch
 Abdominal aorta only
 Renal arteries
 Mesenteric arteries
 Aorta/lower extremities

Orthopedic

Shoulder R L
 Upper arm R L
 Elbow R L
 Forearm R L
 Wrist R L
 Hand R L
 Finger R L
 Specify _____
 Pelvis R L
 Hip R L
 Thigh R L
 Knee R L
 Lower leg R L
 Ankle R L
 Foot R L
 Toe R L
 Cartilage mapping
 MR arthrogram
 Specify _____

Chest & Body

Chest
 Breast MRI
 Cardiac MRI
 Function Viability
 Mediastinum
 Brachial plexus
 Scapula
 Sternum
 Thoracic outlet
 Abdomen
 Specify _____
 Pelvis
 Dynamic pelvis/
 MR defogram
 Prostate
 Enterography
 MRCP
 Rectal MRI
 Other _____

■ Digital X-RAY

<input type="checkbox"/> Skull	<input type="checkbox"/> C spine	<input type="checkbox"/> Chest
<input type="checkbox"/> Orbits	<input type="checkbox"/> T spine	<input type="checkbox"/> F/U abdomen
<input type="checkbox"/> Facial bones	<input type="checkbox"/> L spine	<input type="checkbox"/> KUB abdomen
<input type="checkbox"/> Nasal bones	<input type="checkbox"/> Sacrum	<input type="checkbox"/> Pelvis

<input type="checkbox"/> Bone age	<input type="checkbox"/> Shoulder <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Wrist <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Ribs	<input type="checkbox"/> Humerus <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Hand <input type="checkbox"/> R <input type="checkbox"/> L
	<input type="checkbox"/> Elbow <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Fingers <input type="checkbox"/> R <input type="checkbox"/> L
	<input type="checkbox"/> Forearm <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Hips <input type="checkbox"/> R <input type="checkbox"/> L

■ CT

With Contrast Without Contrast With & Without Contrast
 Oral Contrast Only IV Contrast Only Oral & IV Contrast

CT Angiography

Coronary artery CTA with calcium scoring (needs contrast)
 Chest CTA/PE
 Calcium scoring only
 CT angiogram (needs contrast)
 Intracranial
 Carotid
 Aortic arch/thoracic aorta
 Renal
 Lower extremity run off

Spine

Cervical
 Thoracic
 Specify levels _____
 Lumbar
 Sacrum/coccyx

Neuro/ENT

Brain
 Orbits
 Temporal bones
 Paranasal sinuses
 Soft tissues neck

Body

Stone hunt
 Hematuria
 Chest only
 Soft tissues neck/chest/abdomen/pelvis
 Soft tissues neck only
 Chest/abdomen/pelvis
 Abdomen/pelvis
 Enterography
 Abdomen only
 Pelvis only
 Triple phase liver
 Other _____

Musculoskeletal

Joint
 Specify _____
 Extremity
 Specify _____
 Scanogram

■ Ultrasound

Breast
 Bilateral R L
 Thyroid
 Scrotal/testicular
 Transrectal prostate
 Pelvis (GYN)
 Transabdominal
 Transvaginal
 Transabdominal / Transvaginal
 Hysterosonogram
 Obstetrical
 Abdomen
 Aorta only
 Retroperitoneum (Renal/Bladder)
 Other _____

Vascular

Carotid doppler
 Venous doppler
 Lower extremity
 R L Bilateral
 Upper extremity
 R L Bilateral
 Arterial doppler
 Lower extremity
 R L Bilateral
 Upper extremity
 R L Bilateral
 Renal arterial doppler

■ DXA Bone Density

<input type="checkbox"/> Femur <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Foot <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Toes <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Tibia/fibula <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ankle <input type="checkbox"/> R <input type="checkbox"/> L	

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

