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PATIENT LAST NAME	PATIENT FULL FIRST NAME	TODAY'S DATE	
CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT): _____		ICD-10: _____	

PHYSICIAN SIGNATURE (REQUIRED)

150 Sunrise Hwy #105, Lindenhurst, NY 11757
T: (631) 956-7337 F: (631) 956-7086



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

■ MRI/PET

Add MR intravenous contrast if needed
PET Only Auth#: _____

78608 Brain PET
 78812 Top of head to mid thigh
 78813 Top of head to toes (melanoma protocol)
 78813 NaF-18 bone metastasis (whole body)

With additional MRI Body region: _____
MRI Auth#: _____

■ PET/CT

Add CT intravenous contrast if needed
PET/CT Auth#: _____

78608 Brain PET
 78815 Base of skull to mid thigh
 78816 Top of head to toes (melanoma protocol)
 78816 NaF-18 bone metastasis (whole body)

Other: _____

■ Digital Mammography with CAD

With 3D Breast Tomosynthesis

Please schedule breast sonogram appointment if needed based on the mammogram.

Screening (no palpable finding or symptoms)
 Bilateral Right Left

Diagnostic - Must select reason(s)
 Bilateral Right Left
 Additional diagnostic views
 Short term follow up
 New lump, mass or thickening
 Old lump or mass increased in size
 New nipple discharge
 New inverted nipple
 Skin changes (dimpling, redness or abnormal increase in breast size)
 Lymphadenopathy
 Current use of Tamoxifen, Femara or Arimidex

■ 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

■ Nuclear Medicine

<input type="checkbox"/> Bone scan <input type="checkbox"/> Add SPECT if needed <input type="checkbox"/> Whole body <input type="checkbox"/> 3 phase Region _____ <input type="checkbox"/> Cardiac <input type="checkbox"/> Myocardial perfusion stress study <input type="checkbox"/> With treadmill/exercise <input type="checkbox"/> With pharm. agent <input type="checkbox"/> MUGA (gated blood pool)	<input type="checkbox"/> Thyroid <input type="checkbox"/> Uptake & scan <input type="checkbox"/> I-131 treatment Dose _____ <input type="checkbox"/> HIDA/DISIDA <input type="checkbox"/> With cholecystokinin <input type="checkbox"/> Renal <input type="checkbox"/> With lasix washout <input type="checkbox"/> DTPA <input type="checkbox"/> Parathyroid <input type="checkbox"/> Gastric emptying <input type="checkbox"/> Other: _____
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■ Ultrasound

<input type="checkbox"/> Breast <input type="checkbox"/> Bilateral <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Thyroid <input type="checkbox"/> Scrotal/testicular <input type="checkbox"/> Transrectal prostate <input type="checkbox"/> Pelvis (GYN) <input type="checkbox"/> Transabdominal <input type="checkbox"/> Transvaginal <input type="checkbox"/> Transabdominal / Transvaginal <input type="checkbox"/> Hysterosonogram <input type="checkbox"/> Obstetrical <input type="checkbox"/> Abdomen <input type="checkbox"/> Aorta only <input type="checkbox"/> Retroperitoneum (Renal/Bladder) <input type="checkbox"/> Other: _____	Vascular <input type="checkbox"/> Carotid doppler <input type="checkbox"/> Venous doppler <input type="checkbox"/> Lower extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilateral <input type="checkbox"/> Upper extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilateral <input type="checkbox"/> Arterial doppler <input type="checkbox"/> Lower extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilateral <input type="checkbox"/> Upper extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilateral <input type="checkbox"/> Renal arterial doppler
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Neuro/ENT/Spine <input type="checkbox"/> Brain <input type="checkbox"/> Orbits <input type="checkbox"/> Pituitary <input type="checkbox"/> IAC <input type="checkbox"/> Cervical spine <input type="checkbox"/> Thoracic spine <input type="checkbox"/> Lumbar spine <input type="checkbox"/> Sacrum/coccyx <input type="checkbox"/> CSF Flow <input type="checkbox"/> DTI <input type="checkbox"/> Perfusion <input type="checkbox"/> MR spectroscopy <input type="checkbox"/> TMJ <input type="checkbox"/> Soft tissue neck/parotid	MRA <input type="checkbox"/> Carotid MRA <input type="checkbox"/> Intracran/circle of Willis <input type="checkbox"/> Intracran/MR venogram <input type="checkbox"/> MR venogram Specify _____ <input type="checkbox"/> NOVA <input type="checkbox"/> Carotid <input type="checkbox"/> Aortic arch <input type="checkbox"/> Abdominal aorta only <input type="checkbox"/> Renal arteries <input type="checkbox"/> Mesenteric arteries <input type="checkbox"/> Aorta/lower extremities
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■ CT

With & Without IV Contrast IV Contrast Only
 No IV Contrast Oral Contrast No Oral Contrast

CT Angiography <input type="checkbox"/> Coronary artery CTA with calcium scoring (needs contrast) <input type="checkbox"/> Chest CTA/PE <input type="checkbox"/> Calcium scoring only <input type="checkbox"/> CT angiogram (needs contrast) <input type="checkbox"/> Intracranial <input type="checkbox"/> Carotid <input type="checkbox"/> Aortic arch/thoracic aorta <input type="checkbox"/> Renal <input type="checkbox"/> Lower extremity run off	Spine <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic Specify levels _____ <input type="checkbox"/> Lumbar <input type="checkbox"/> Sacrum/coccyx Body <input type="checkbox"/> Stone hunt <input type="checkbox"/> Hematuria <input type="checkbox"/> Chest only <input type="checkbox"/> Soft tissues neck/chest/abdomen/pelvis <input type="checkbox"/> Soft tissues neck only <input type="checkbox"/> Chest/abdomen/pelvis <input type="checkbox"/> Abdomen/pelvis <input type="checkbox"/> Enterography <input type="checkbox"/> Abdomen only <input type="checkbox"/> Pelvis only <input type="checkbox"/> Triple phase liver <input type="checkbox"/> Other: _____
Neuro/ENT <input type="checkbox"/> Brain <input type="checkbox"/> Orbits <input type="checkbox"/> Temporal bones <input type="checkbox"/> Paranasal sinuses <input type="checkbox"/> Soft tissues neck	Musculoskeletal <input type="checkbox"/> Joint Specify _____ <input type="checkbox"/> Extremity Specify _____ <input type="checkbox"/> Scanogram

■ Echocardiogram

■ Interventional Biopsy

Breast by stereotactic Lung
 Breast by ultrasound Liver
 Thyroid Other: _____

■ Fluoroscopy

Esophagram Lap band
 UGI (includes esophagram) Hysterosalpingogram
 UGI & small bowel series Other: _____
 Small bowel series only

■ DXA Bone Density

■ Digital X-RAY Patients can print registration forms online

<input type="checkbox"/> Skull	<input type="checkbox"/> C spine	<input type="checkbox"/> Chest	<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"/> Femur <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Foot <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Orbits	<input type="checkbox"/> T spine	<input type="checkbox"/> F/U abdomen	<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"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Toes <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Facial bones	<input type="checkbox"/> L spine	<input type="checkbox"/> KUB abdomen		<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"/> Tibia/fibula <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Nasal bones	<input type="checkbox"/> Sacrum	<input type="checkbox"/> Pelvis		<input type="checkbox"/> Forearm <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Hips <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Ankle <input type="checkbox"/> R <input type="checkbox"/> L	

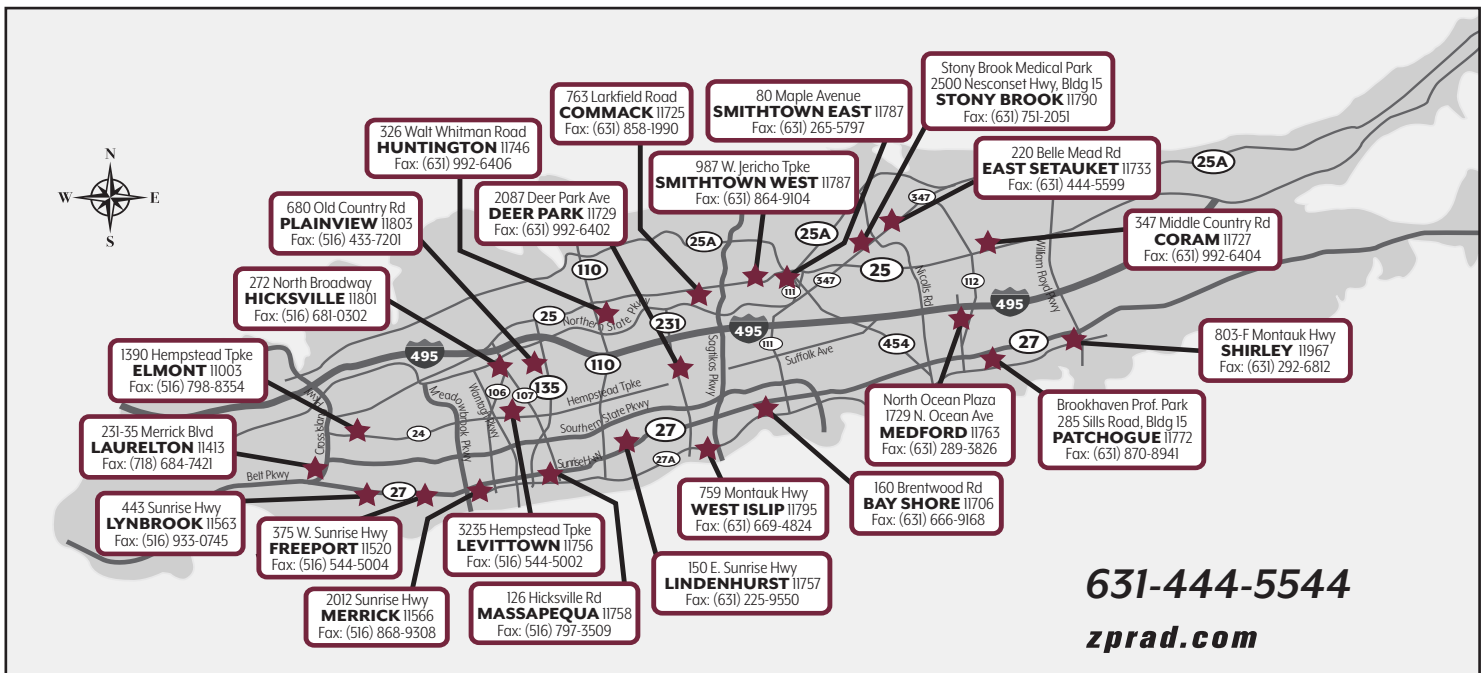
ZWANGER-PESIRI RADIOLOGY

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 CTA ABDOMINAL AORTA TO EVALUATE STENT GRAFT 74175	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

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



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