

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): _____ **Dr. Ross Ginsberg** **Dr. Jennifer Carrasco**
135 W Jericho Tpke., Huntington Station, NY 11746 T: (631) 423-1969 F: (631) 423-2328

PATIENTS:

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

WORKERS' COMPENSATION

Date of Accident: _____

Employer name/phone: _____

Insurance co. name/address: _____ Claim# or SS#: _____

NO FAULT

Date of Accident: _____ Ins. co. name/address: _____

Claim#: _____ Adjuster name: _____

PLEASE NOTE: NYS MANDATES THAT MEDICARE RECIPIENTS MUST BE REFERRED BY THEIR PRIMARY MD FOR ANY RADIOLOGY STUDY.

MRI (MAGNETIC RESONANCE IMAGING)

- 27 MRI Pelvis: No IV Contrast 72195**
 - Pelvic Pain
 - Sacral/Coccyx Pain
 - SI Joint Pain
- 40 MRI Cervical Spine: No IV Contrast 72141**
 - Neck Pain
 - Numbness
 - Radiculopathy
 - Disc Herniation
 - Trauma
- 42 MRI Thoracic Spine: No IV Contrast 72146**
 - Pain
 - Disc Herniation
 - Radiculopathy
 - Trauma
 - Compression Fracture
- 44 MRI Lumbar Spine: No IV Contrast 72148**
 - Lower Back Pain
 - Numbness
 - Trauma
 - Disc Herniation
 - Radiculopathy
 - Leg Pain
- 49 Other** _____

X-RAY

- 122 X-Ray Chest**
 - Chest
 - Right Ribs
 - Left Ribs
 - Bilateral Ribs
 - Sternum
 - Sternoclavicular Joints
- 124 X-Ray Spine**
 - All Films Performed Upright
 - Cervical AP, LAT & APOM
 - Add Obliques
 - Add Lateral Flexion/Extension
 - Add AP Right & Left Lateral Bending
 - Thoracic AP, LAT
 - Add Obliques
 - Lumbar AP, LAT
 - Add Obliques
 - Add Lateral Flexion/Extension
 - Add AP Bending To R & L
 - Sacrum/Coccyx
 - Scoliosis Series (Always Upright)
- 129 Other** _____

ULTRASOUND

SPECIFY: _____

OTHER

CT (COMPUTED TOMOGRAPHY)

- 78 CT Pelvis: No Oral, No IV Contrast 72192**
 - Bony Pelvis
 - SI Joints
 - Sacrum/Coccyx
- 84 CT Cervical Spine: No IV Contrast 72125**
- 85 CT Thoracic Spine: No IV Contrast 72128**
- 86 CT Lumbar Spine: No IV Contrast 72131**
- 99 Other** _____

MRI MUSCULOSKELETAL

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Pelvis - MSK	MRI Pelvis Non Contrast	Muscle / Tendon Tear Pelvic Pain Sacrum/ Coccyx SI Joints	72195	27

MRI SPINE

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Spine: Cervical	MRI Cervical Spine Non Contrast	Degenerative Disease Disc Herniation Extremity Pain/Weakness Neck Pain Radiculopathy Trauma	72141	40
Spine: Cervical	MRI Cervical Spine Pre and Post IV Contrast	Discitis Mass/Lesion Osteomyelitis	72156	41
Spine: Thoracic	MRI Thoracic Spine Non Contrast	Back Pain Compression Fx Disc Herniation Radiculopathy Stenosis Trauma	72146	42
Spine: Thoracic	MRI Thoracic Spine Pre and Post IV Contrast	Discitis Mass/Lesion Osteomyelitis	72157	43
Spine: Lumbar	MRI Lumbar Spine Non Contrast	Back Pain Compression Fx Disc Herniation Radiculopathy Trauma	72148	44
Spine: Lumbar	MRI Lumbar Spine Pre and Post IV Contrast	Osteomyelitis Post Lumbar Surgery (<10 yrs) Discitis Mass/Lesion	72158	45

