



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): _____ **Leslie Sean Ramsammy, MD**
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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

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

 Other _____

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 _____

■ 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

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 _____

Neuro/ENT
 Brain
 Orbits
 Temporal bones
 Paranasal sinuses
 Soft tissues neck

Musculoskeletal
 Joint
Specify _____
 Extremity
Specify _____
 Scanogram

■ Mammography

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

Screening With 3D Tomosynthesis (no palpable finding or symptoms)
 Bilateral Right Left

Screening (no palpable finding or symptoms)
 Bilateral Right Left

Diagnostic With 3D Tomosynthesis-Must select reason(s)
 Bilateral Right Left

Diagnostic - Must select reason(s)
 Bilateral Right Left

Reasons:
 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

■ 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

■ 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)

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)

Other: _____

■ Interventional Biopsy

Thyroid Lung Liver

US Breast FNA Specify Region _____

US Core Biopsy (includes post procedure mammo)
Specify Region _____

Stereotactic Biopsy (includes post procedure mammo)
Specify Region _____
 Perform targeted US first, if lesion identified, biopsy under US

MRI Breast Biopsy 1 Specify Region _____
 Perform targeted US first, if lesion identified, biopsy under US

Other _____

■ Echocardiogram

■ DXA Bone Density

■ Fluoroscopy

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

■ 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"/> 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	<input type="checkbox"/> 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 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 Hemachromatosis	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

