

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) _____ ICD-10: Z31.41

Q51.9

D35.2 and E23.7

- Mineola
- West Islip
- Stony Brook
- Brooklyn
- Maria Saketos, M.D.
- Linda Sung, M.D.
- Abraham Halfen, M.D.
- Yelena Dondik, M.D.
- Satu Kuokkanen, M.D.
- Vasilius Goudas, M.D.
- Rani Fritz, M.D.
- Charalampos Chatzicharalampous, M.D.

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

MRI

- 1 MRI Brain: No IV Contrast 70551**
 - Stroke
 - Transient Ischemic Attack
 - Headache
 - Dementia
 - Memory Loss
 - Dizziness
 - Trauma
 - Cine Flow Study (78630)
 - Seizures
 - Multiple Sclerosis
- 2 MRI Brain: Pre + Post IV Contrast 70553**
 - Brain Tumor
 - Metastasis
 - Multiple Sclerosis
 - Pituitary Adenoma
 - Internal Auditory Canals
 - Seizures
 - Bell's Palsy
 - Cranial Nerve Lesion
 - Spectroscopy (76390)
- 49 Other** _____

X-RAY

- 123 X-Ray Abdomen And Pelvis**
- 129 Other** _____

HYSTEROSALPINGOGRAM

OTHER

ZWANGER-PESIRI RADIOLOGY

