

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: N97.9
 Q51.9
 D35.2 and E23.7

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Mineola | <input type="checkbox"/> Maria Saketos, M.D. | <input type="checkbox"/> Lauren Safier, M.D. |
| <input type="checkbox"/> West Islip | <input type="checkbox"/> Linda Sung, M.D. | <input type="checkbox"/> Vasilios Goudas, M.D. |
| <input type="checkbox"/> Stony Brook | <input type="checkbox"/> Abraham Halfen, M.D. | <input type="checkbox"/> Rani Fritz, M.D. |
| <input type="checkbox"/> Brooklyn | | |

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

- | | |
|--|--|
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Transient Ischemic Attack | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Cine Flow Study (78630) |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Memory Loss | <input checked="" type="checkbox"/> Multiple Sclerosis |

② MRI Brain: Pre + Post IV Contrast 70553

- | | |
|---|---|
| <input type="checkbox"/> Brain Tumor | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Metastasis | <input type="checkbox"/> Bell's Palsy |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Cranial Nerve Lesion |
| <input type="checkbox"/> Pituitary Adenoma | <input type="checkbox"/> Spectroscopy (76390) |
| <input type="checkbox"/> Internal Auditory Canals | |

④⑨ Other _____

X-RAY

⑫⑩ X-Ray Abdomen And Pelvis

⑫⑨ Other _____

■ HYSTEROSALPINGOGRAM

OTHER

ZWANGER-PESIRI RADIOLOGY

