ZWANGER-PESIRI RADIOLOGY

631-444-5544 zprad.com

DR. FERDOUSI SHILPEE, M.D.

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)

504 Medford Ave. • Patchogue, NY 11772
Tel: 631.475.4646 • Fax: 631.447.5234

PATIENTS: 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

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 _____

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 _____

MRI/PET

☐ Add MR intraveneous 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#: _____

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

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

Musculoskeletal
☐ Joint
Specify _____
☐ Extremity
Specify _____
☐ Scanogram

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 _____
_____

Nuclear Medicine

☐ Bone scan
☐ Add SPECT if needed
☐ Whole body
☐ 3 phase
Region _____
☐ Cardiac
☐ Myocardial perfusion stress study
☐ With treadmill/ exercise
☐ With pharm. agent
☐ MUGA (gated blood pool)

☐ Thyroid
☐ Uptake & scan
☐ I-131 treatment
Dose _____
☐ HIDA/DISIDA
☐ With cholecystokinin
☐ Renal
☐ With lasix washout
☐ DTPA
☐ Parathyroid
☐ Gastric emptying

☐ Other _____
_____

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

Ultrasound

☐ Breast
☐ Bilateral ☐ R ☐ L
☐ Thyroid
☐ Scrotal/testicular
☐ Transrectal prostate
☐ Pelvis (GYN)
☐ Transabdominal
☐ Transvaginal
☐ Transabdominal / Transvaginal
☐ Hysterosonogram
☐ Obstetrical
☐ Abdomen
☐ Aorta only
☐ Retroperitoneum (Renal/Bladder)

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

☐ Other _____

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

☐ Skull
☐ Orbits
☐ Facial bones
☐ Nasal bones

☐ C spine
☐ T spine
☐ L spine
☐ Sacrum

☐ Chest
☐ F/U abdomen
☐ KUB abdomen
☐ Pelvis

☐ Bone age
☐ Ribs

☐ Shoulder ☐ R ☐ L
☐ Humerus ☐ R ☐ L
☐ Elbow ☐ R ☐ L
☐ Forearm ☐ R ☐ L

☐ Wrist ☐ R ☐ L
☐ Hand ☐ R ☐ L
☐ Fingers ☐ R ☐ L
☐ Hips ☐ R ☐ L

☐ Femur ☐ R ☐ L
☐ Knee ☐ R ☐ L
☐ Tibia/fibula ☐ R ☐ L
☐ Ankle ☐ R ☐ L

☐ Foot ☐ R ☐ L
☐ Toes ☐ R ☐ L
☐ 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** **75635-RUN OFF**	**74170**	**74176**	**74177**	**74178**
·For Stone Hunt Study Only	·Urogram ·Hematuria **CTA ABDOMINAL AORTA TO EVALUATE STENT GRAFT** **74175**	·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 Mass Pancreas Liver Adrenals	74183
Brachial Plexus	MRI Chest **Non** Contrast	Brachial Plexus Neuropathy	71550
Chest Mediastinum	MRI Chest **Pre and Post** IV Contrast	Infection Metastatic Disease Mass 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 Adnexal Mass Pre-embolization Endometriomas Endometrial CA work-up Menses Problems Known Fibroids Uterine Artery Embolus Pelvic Pain Ovarian CA Rectocele Uterine Anomalies Ovarian Cysts Cystocele	72197
Pelvis - Male	MRI Pelvis **Pre and Post** IV Contrast	Prostate Rectal Staging	72197