



Please ask your patients to take a cell phone photo of this referral slip in case they forget to bring it with them to our office.

## Physician \*Letter of Medical Necessity\*

Please be advised that \_\_\_\_\_ is presently  
Patient Name Date of Birth  
being treated under my care. I find the test indicated below to be medically necessary.

### Clinical Indications/Signs/Symptoms: (MUST BE INCLUDED)

\_\_\_\_\_  
ICD-10: \_\_\_\_\_

### Dr. Jasjit Singh

81 Loudon Ave • Building #8 • Amityville, NY 11701 • Phone: 631-841-6190

### Signature (required):

## NEUROLOGICAL IMAGING

### MRI/PET Add I.V. MRI contrast if needed

PET Only Auth#:

78608 Brain

Other:

### With additional MRI Body region: \_\_\_\_\_

MRI Auth#: \_\_\_\_\_

### PET/CT Add I.V. CT contrast if needed

PET/CT Auth#:

78814 Brain

Other:

### CT Angiogram with Contrast

Carotid with 2D/3D reformatting

Circle of Willis with 2D/3D reformatting

Other:

### CT Scan W/ & W/O IV Contrast

IV Contrast Only  No IV Contrast

Oral Contrast Only  No Oral Contrast

Brain

Orbits

Temporal bones

Paranasal sinuses

Soft tissue neck

Cervical spine

Thoracic spine

Lumbar spine

Sacrum

Other:

### Digital X-ray

Region:

### MRI With I.V. Sedation

3T Wide-Bore  1.5T Wide-Bore  1.2 Open-Sided

Either 3T or 1.5T Wide-Bore

Brain without contrast

Brain with & without contrast

Brain with MR Spectroscopy

Orbits

Pituitary with contrast

IAC with contrast

Cervical spine

Thoracic spine

Specify level of pathology \_\_\_\_\_

Lumbar spine

Pelvis

Other:

### MRA With I.V. Sedation

With 2D and 3D formatting

3T Wide Bore  1.5T Wide-Bore

Either 3T or 1.5T Wide-Bore

Intracranial/Circle of Willis

Intracranial/MR Venogram

Carotid  Aortic Arch

Other:

### Ultrasound

Carotid Doppler  Other:

**HEAD/NECK MRI CONTRAST INFORMATION**

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Brain	MRI Brain Non Contrast	Alzheimer's/Confusion/Dementia Headache/Migraine Memory Loss Mental Status Changes	70551	<b>1</b>
Brain	MRI Brain Pre and Post IV Contrast	Cranial Nerve Lesions F/U Lesion/Mass IAC/Hearing Loss/Tinnitus Infection	70553	<b>2</b>
Head - Circle of Willis (COW)	MRA Head Non Contrast	Stroke/CVA/TIA Aneurysm/Vertigo	70544	<b>3</b>
Head - Circle of Willis (COW)	MRA Head Pre and Post IV Contrast	Post Coiling	70546	<b>4</b>
Neck - Carotid	MRA Neck Non Contrast	Stroke/CVA/TIA/Vertigo	70547	<b>10</b>
Neck - Carotid	MRA Neck Pre and Post IV Contrast	Stenosis > 60% on Doppler Ultrasound	70549	<b>11</b>
Head - Intracranial Venous Sinus	MRV Head Pre and Post IV Contrast	Venous Thrombosis	70546	<b>4</b>
Orbits	MRI Orbits/Face/Neck Pre and Post IV Contrast	Optic Neuritis Exophthalmos, Proptosis Pseudotumor/Mass/Cancer/Mets	70543	<b>7</b>
Neck-Soft Tissue	MRI Orbits/Face/Neck Pre and Post IV Contrast	Infection Tumor/Mass/Cancer/Mets	70543	<b>9</b>

**SPINE MRI CONTRAST INFORMATION**

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	72141	<b>40</b>
Spine: Cervical	MRI Cervical Spine Pre and Post IV Contrast	Discitis Mass/Lesion	72156	<b>41</b>
Spine: Thoracic	MRI Thoracic Spine Non Contrast	Back Pain Compression Fx Disc Herniation	72146	<b>42</b>
Spine: Thoracic	MRI Thoracic Spine Pre and Post IV Contrast	Discitis Mass/Lesion	72157	<b>43</b>
Spine: Lumbar	MRI Lumbar Spine Non Contrast	Back Pain Compression Fx Disc Herniation	72148	<b>44</b>
Spine: Lumbar	MRI Lumbar Spine Pre and Post IV Contrast	Osteomyelitis Post Lumbar Surgery (<10 yrs)	72158	<b>45</b>

