



PATIENT LAST NAME: _____ PATIENT FULL FIRST NAME: _____ TODAY'S DATE: ____/____/____ DATE OF BIRTH: ____/____/____

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (RULE/OUT): _____ ICD-10: _____

PHYSICIAN SIGNATURE (REQUIRED): _____ **ORTHOMANHATTAN** 485 Madison Ave 8th Floor, New York, NY 10022
T: (212) 883-8868 • F: (212) 883-8886

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

MRI (MAGNETIC RESONANCE IMAGING)

No CONTRAST
 WITH & WITHOUT CONTRAST

Brain
 NeuroQuant/3D Volumetric

Cervical Spine
 Neck Pain Myelopathy
 Syring Discitis Multiple Sclerosis
 Radiculopathy Trauma
 Tumor/Mass Osteomyelitis Postop

Thoracic Spine
 Thoracic Pain Radiculopathy Myelopathy
 Syring Discitis Multiple Sclerosis
 Trauma Compression Fracture
 Tumor/Mass Osteomyelitis Postop

Lumbar Spine
 Lower Back Pain Trauma Radiculopathy Lumbar Plexus Compression Fracture
 Discitis Tumor/Mass Post-Op Osteomyelitis

Sacrum and Coccyx
 Sacroiliac Joints
 MR Neurography
 Site/nerve _____
 Brachial plexus R L
 Lumbosacral plexus

Abdomen
 Pelvis
 Upper Ext other: _____
 Hip R L
 Knee R L
 Lower Extremity R L
 Site/nerve _____
 Other _____

CT (COMPUTED TOMOGRAPHY)

Excelsius GPS Robotics Protocol

No CONTRAST
 WITH & WITHOUT CONTRAST (3D RECON AS NEEDED)

Abdomen
 Pelvis _____
 SPINE
 C-Sp T-Sp L-Sp
 Myelography
 C-Sp T-Sp L-Sp

STAT Report
 Images on CD
 Images on Films
 Key Images
 Patient to return with films
 CC Report to: _____

CT ANGIOGRAPHY

Brain
 Neck/Carotid

DEXA

DEXA w/vertebral fracture assessment

X-RAY

Chest
 PA PA/LAT Other
 Pelvic AP
 Cervical Spine
 AP/LAT Add Obliques Add Flexion/Extension
 Thoracic Spine AP/LAT
 Lumbar Spine AP/LAT
 Sacrum/Coccyx
 Scoliosis Series
 Hip
 Pelvis
 Other _____

ExcelsiusGPS®

PREOPERATIVE CT SPECIFICATIONS

The imaging techniques required for volumetric images used with the ExcelsiusGPS® system are described below.

Item	Function
Patient Position	Supine with patient located at the isocenter of the gantry
Image Parameters	<ul style="list-style-type: none"> No gantry tilt Standard bone algorithm Scan contiguous slices Scan with constant slice thickness of 1mm Spiral or axial scans are recommended Matrix: 512mm or higher Recommended Pitch 1:1 Pixel Spacing: ≤1.25 x 1.25mm (square pixel matrix) Maximum thickness accepted: 1mm Filter: L or D (SHARP for Lung on Philips; Bone Edge on GE) BMI < 25: 120 kV/110 mAs; BMI 25-35: 140 kV/130 mAs; BMI > 35: 140 kV/200 mAs or more
Field of View (FOV)	Spine should be centered with a FOV of 200-250mm For deformity procedures, adjust the FOV to ensure operative levels are captured
Scan Ranges	Scan 30mm above and below the levels of interest Example image to the right shows dashed lines to scan if the levels of interest are T3-T12
Image Export	Store image data with DICOMDIR as an uncompressed DICOM on a USB
Requirements to Format CT Data	<ol style="list-style-type: none"> CT data should consist of one series of axial slices Axial series should possess the following properties: <ul style="list-style-type: none"> All slices should be parallel to each other All slices should be the same dimensions Slice spacing should be consistent The slices saved on CD should not be compressed (DICOM)
Technical Assistance	Contact Globus Technical Support at (888) 677-7441

ZWANGER-PESIRI RADIOLOGY

718-732-0222

zprad.com

TOWN	ADDRESS	TRANSIT	FAX NUMBER
MANHATTAN HARLEM	324W 125th St, 10027	M3, M10, M100, M101, M60, BX15	(718) 696-0767
BRONX PARKCHESTER	1888 Westchester Ave, 10472	Q44, BX4, BX4A, BX36, BX39	(718) 696-0193
BROOKLYN COBBLE HILL	205 Smith Street, 11201	B57	(718) 684-7425
BROOKLYN CROWN HTS	1128 Eastern Pkwy, 11213	B14, B17, B46	(718) 684-7438
QUEENS BAYSIDE	213-02 Northern Blvd, 11361	Q12, Q13, Q27, Q31, QM3, n20, n20G	(718) 684-7423
QUEENS ELMHURST	88-12 Queens Blvd, 11373	Q59, Q60	(718) 684-7427
QUEENS LAURELTON	231-35 Merrick Blvd, 11413	Q5	(718) 684-7421
QUEENS OZONE PARK	102-34 Atlantic Ave, 11416	Q24	(718) 684-7429

