

PATIENT LAST NAME	PATIENT FULL FIRST NAME	TODAY'S DATE	DATE OF BIRTH
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CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT): \_\_\_\_\_ ICD-10: \_\_\_\_\_

BRANDON HENKOWICZ, DC

2500 NESCONSET HWY • BUILDING 9B  
STONY BROOK, NY 11790  
TEL: 631-689-0049 • FAX: 631-689-0071

PHYSICIAN SIGNATURE (REQUIRED)

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

**WORKERS' COMPENSATION** Date of Accident: \_\_\_\_\_  
Employer name/phone: \_\_\_\_\_  
Insurance co. name/address: \_\_\_\_\_ Claim# or SS#: \_\_\_\_\_  
**NO FAULT** Date of Accident: \_\_\_\_\_ Ins. co. name/address: \_\_\_\_\_  
Claim#: \_\_\_\_\_ Adjuster name: \_\_\_\_\_

PLEASE NOTE: NYS MANDATES THAT MEDICARE RECIPIENTS MUST BE REFERRED BY THEIR PRIMARY MD FOR ANY RADIOLOGY STUDY.

**MRI (MAGNETIC RESONANCE IMAGING)**

**27 MRI Pelvis: No IV Contrast 72195**  
 Pelvic Pain  
 Sacral/Coccyx Pain  
 SI Joint Pain

**40 MRI Cervical Spine: No IV Contrast 72141**  
 Neck Pain  
 Numbness  
 Radiculopathy  
 Disc Herniation  
 Trauma

**42 MRI Thoracic Spine: No IV Contrast 72146**  
 Pain  
 Disc Herniation  
 Radiculopathy  
 Trauma  
 Compression Fracture

**44 MRI Lumbar Spine: No IV Contrast 72148**  
 Lower Back Pain  
 Numbness  
 Trauma  
 Disc Herniation  
 Radiculopathy  
 Leg Pain

**49 Other** \_\_\_\_\_

**X-RAY**

**122 X-Ray Chest**  
 Chest  
 Right Ribs  
 Left Ribs  
 Bilateral Ribs  
 Sternum  
 Sternoclavicular Joints

**124 X-Ray Spine**  
 All Films Performed Upright  
 Cervical AP, LAT & APOM  
 Add Obliques  
 Add Lateral Flexion/Extension  
 Add AP Right & Left Lateral Bending  
 Thoracic AP, LAT  
 Add Obliques  
 Lumbar AP, LAT  
 Add Obliques  
 Add Lateral Flexion/Extension  
 Add AP Bending To R & L  
 Sacrum/Coccyx  
 Scoliosis Series (Always Upright)

**129 Other** \_\_\_\_\_

**ULTRASOUND**

SPECIFY: \_\_\_\_\_

**OTHER**

\_\_\_\_\_

**CT (COMPUTED TOMOGRAPHY)**

**78 CT Pelvis: No Oral, No IV Contrast 72192**  
 Bony Pelvis  
 SI Joints  
 Sacrum/Coccyx

**84 CT Cervical Spine: No IV Contrast 72125**

**85 CT Thoracic Spine: No IV Contrast 72128**

**86 CT Lumbar Spine: No IV Contrast 72131**

**99 Other** \_\_\_\_\_

**MRI MUSCULOSKELETAL**

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Pelvis - MSK	MRI Pelvis <b>Non</b> Contrast	Muscle / Tendon Tear Pelvic Pain Sacrum/ Coccyx SI Joints	72195	<b>27</b>

**MRI SPINE**

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Spine: Cervical	MRI Cervical Spine <b>Non</b> Contrast	Degenerative Disease Disc Herniation Extremity Pain/Weakness Neck Pain Radiculopathy Trauma	72141	<b>40</b>
Spine: Cervical	MRI Cervical Spine <b>Pre and Post IV</b> Contrast	Discitis Mass/Lesion Osteomyelitis	72156	<b>41</b>
Spine: Thoracic	MRI Thoracic Spine <b>Non</b> Contrast	Back Pain Compression Fx Disc Herniation Radiculopathy Stenosis Trauma	72146	<b>42</b>
Spine: Thoracic	MRI Thoracic Spine <b>Pre and Post IV</b> Contrast	Discitis Mass/Lesion Osteomyelitis	72157	<b>43</b>
Spine: Lumbar	MRI Lumbar Spine <b>Non</b> Contrast	Back Pain Compression Fx Disc Herniation Radiculopathy Trauma	72148	<b>44</b>
Spine: Lumbar	MRI Lumbar Spine <b>Pre and Post IV</b> Contrast	Osteomyelitis Post Lumbar Surgery (<10 yrs) Discitis Mass/Lesion	72158	<b>45</b>

