ZWANGER-PESIRI RADIOLOGY

T:(631) 444-5544
zprad.com

SCAN TO SCHEDULE YOUR APPOINTMENT *or go to* schedule.zprad.com

Mark Tan, MD

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)

222 Middle Country Road • Suite 312 • Smithtown, NY 11787
Tel: 631.724.8900 • Fax: 631.724.8901

PATIENTS: *CALL TO MAKE AN APPOINTMENT* *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)

☐ 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)

☐ Other:

Echocardiogram

DXA Bone Density

Mammography

☐ Please schedule breast sonogram appointment if needed based on the mammogram.

☐ **Screening** With 3D Tomosynthesis (no palpable finding or symptoms)
☐ Bilateral ☐ Right ☐ Left
☐ **Screening** (no palpable finding or symptoms)
☐ Bilateral ☐ Right ☐ Left

☐ **Diagnostic** With 3D Tomosynthesis-Must select reason(s)
☐ Bilateral ☐ Right ☐ Left
☐ **Diagnostic** - Must select reason(s)
☐ Bilateral ☐ Right ☐ Left

Reasons:
☐ 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 _____

Interventional Biopsy

☐ Thyroid ☐ Lung ☐ Liver
☐ US Breast FNA Specify Region _____
☐ US Core Biopsy (includes post procedure mammo)
Specify Region _____
☐ Stereotactic Biopsy (includes post procedure mammo)
Specify Region _____
☐ Perform targeted US first, if lesion identified, biopsy under US
☐ MRI Breast Biopsy 1 Specify Region _____
☐ Perform targeted US first, if lesion identified, biopsy under US
☐ Other _____

Fluoroscopy

☐ Esophagram
☐ UGI (includes esophagram)
☐ UGI & small bowel series
☐ Small bowel series only
☐ Lap band
☐ Hysterosalpingogram
☐ Other:

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