ZWANGER-PESIRI RADIOLOGY

631-444-5544 zprad.com

PODIATRY

PATIENT LAST NAME | PATIENT FULL FIRST NAME | TODAY'S DATE | DATE OF BIRTH

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT): _____ **ICD-10:**

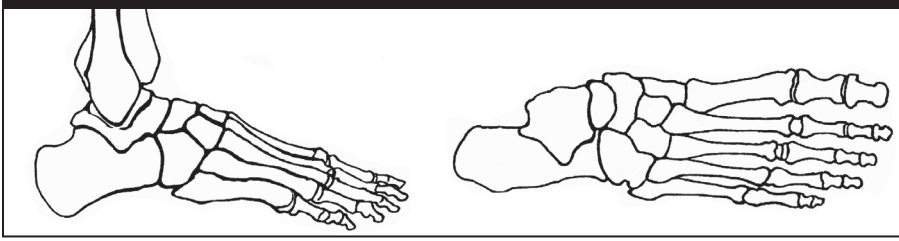
PHYSICIAN SIGNATURE (REQUIRED) **Dr. Joseph Tarantino**

94-07 156th Avenue, Howard Beach, NY 11414 Tel: (718) 404-9568 • Fax: (718) 641-1648 or (718) 641-7326

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

Please Select Part Of Foot:	MRI no contrast	MRI pre+post contrast	CT no contrast	CT post contrast
☐R ☐L ☐Ankle	☐73721	☐73723	☐73700	☐73701
☐R ☐L ☐Heel	☐73721	☐73723	☐73700	☐73701
☐R ☐L ☐Foot	☐73718	☐73720	☐73700	☐73701
☐R ☐L ☐Toes #____	☐73718	☐73720	☐73700	☐73701

PLEASE MARK X AT THE LOCATION OF SUSPECTED PATHOLOGY



CLINICAL INDICATIONS

PLEASE CHECK ALL THAT APPLY

NO IV CONTRAST

BONE

- ☐ Fracture
- ☐ Bone Contusion
- ☐ Osteochondritis Dissecans
- ☐ Avascular Necrosis
- ☐ Abnormal or Inconclusive X-Ray
- ☐ Abnormal or Inconclusive Bone Scan
- ☐ Other _____

SOFT TISSUE

- ☐ Tendon Pathology
- ☐ Ligamentous Pathology
- ☐ Lisfranc Injury
- ☐ Plantar Disease - Fibromatosis or Fasciitis
- ☐ Tarsal Tunnel Syndrome
- ☐ Sinus Tarsi Syndrome
- ☐ Neuroma
- ☐ Swelling, Mass Or Lump
- ☐ Other_____

PRE + POST CONTRAST MRI

- ☐ Tumor
- ☐ Cellulitis
- ☐ Infection
- ☐ Osteomyelitis
- ☐ Other _____

NUCLEAR MEDICINE

(221) ☐ Bone Scan 3 Phase 78315

X-RAY

(125) **X-Ray Extremities**

☐R ☐L ☐BILATERAL

- ☐ Tib/Fib
- ☐ Ankle
  - ☐ Weight-bearing
- ☐ Heel/Calcaneus
- ☐ Foot
  - ☐ Weight-bearing
- ☐ Toe Specify # _____

(129) **Other**_____

ULTRASOUND (FOOT)

(109) **Extremity Ultrasound** 76881

☐R ☐L

INTERVENTIONAL

(176) **MSK ☐ Fluoro-Guided ☐R ☐L**

Ankle ☐ Aspiration ☐ Injection 77002/20605

Foot ☐ Aspiration ☐ Injection 77002/20605

(177) **MSK ☐ Ultrasound-Guided ☐R ☐L**

Ankle ☐ Aspiration ☐ Injection 20606

Foot ☐ Aspiration ☐ Injection 20606

Toe ☐ Aspiration ☐ Injection 20604

(179) **Other**_____

ULTRASOUND

(108) **Extremity Doppler Ultrasound**

- ☐ **Venous for DVT** ☐ **Upper** ☐ **Lower**
  - ☐ *Bilateral 93970* ☐ *Right 93971* ☐ *Left 93971*
  - ☐ Pain
  - ☐ Edema
  - ☐ Difficulty walking
  - ☐ Shortness of breath
- ☐ **Venous for Insufficiency (lower)**
  - ☐ *Bilateral 93970* ☐ *Right 93971* ☐ *Left 93971*
- ☐ **Arterial Upper**
  - ☐ *Bilateral 93930* ☐ *Right 93931* ☐ *Left 93931*
- ☐ **Arterial Lower**
  - ☐ *Bilateral 93925* ☐ *Right 93926* ☐ *Left 93926*
  - ☐ Atherosclerosis
  - ☐ Claudication
  - ☐ Pelvic Pain

(119) **Other**_____

ZWANGER-PESIRI RADIOLOGY