ZWANGER-PESIRI RADIOLOGY 631-444-5544 zprad.com

ANTHONY TERMINI, DO

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)

1350 Deer Park Ave, North Babylon, NY 11703
T: (631) 254-4480 F: (631) 254-4970

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

OTHER

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 _____

CT

☐ With & Without IV Contrast ☐ IV Contrast Only
☐ No IV Contrast ☐ Oral Contrast ☐ No Oral 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 _____
_____

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 _____

Echocardiogram

Fluoroscopy

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

DXA Bone Density

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:

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ABDOMEN/PELVIS CT CONTRAST INFORMATION

NO ORAL NO IV	NO ORAL PRE + POST IV	NO ORAL POST IV ONLY	YES ORAL PRE + POST IV	YES ORAL NO IV	YES ORAL POST IV ONLY	YES ORAL PRE + POST IV
•Abdominal+Pelvis **No contrast**	•Abdomen **Pre+Post** •Pelvis **Pre+Post**	•CTA •Abdomen •Abdomen+Pelvis	•Abdomen **Pre + Post**	•Abdomen + Pelvis **No IV Contrast**	•Abdomen + Pelvis **Post Contrast**	•Abdomen **Pre + Post** •Pelvis **Post**
74176	**74178**	**74174** **75635-RUN OFF**	**74170**	**74176**	**74177**	**74178**
•For Stone Hunt Study Only	•Urogram •Hematuria **CTA ABDOMINAL AORTA TO EVALUATE STENT GRAFT** **74175**	•Aortic Aneurysm •Aortic Aneurysm With Runoff	•Triple Phase Liver •Pancreas Study •Kidney Tumor •Adrenal Study	•Pain •Appendicitis •Diverticulitis	•Bloating •Diffuse Abdominal Pain •Enterography •Lymphoma	•Oncology Follow Up •Breast Cancer •Cervical Cancer •Colon Cancer

MRI BODY & BODY VASCULAR

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM			CPT
Abdomen	MRI Abdomen **Non** Contrast	MRCP	Hemachromatosis		74181
Abdomen	MRI Abdomen **Pre and Post** IV Contrast	Kidneys Liver	Mass Adrenals	Pancreas	74183
Brachial Plexus	MRI Chest **Non** Contrast	Brachial Plexus Neuropathy			71550
Chest Mediastinum	MRI Chest **Pre and Post** IV Contrast	Infection Mass	Metastatic Disease Thoracic Outlet Syndrome		71552
Breast	MRI Breast **Pre and Post** IV Contrast	Breast Cancer	BRCA 1/2 Positive	Family History of Breast Cancer	77059
Breast	MRI Breast **Non** IV Contrast	Implant Rupture			77059
Cardiac	MRI Heart **Pre and Post** IV Contrast	Myocardial Perfusion	EF	Myocardial Infarction	75561
Pelvis - Female (GYN)	MRI Pelvis **Pre and Post** IV Contrast	Adenomyosis Endometriomas Menses Problems Pelvic Pain Uterine Anomalies	Adnexal Mass Endometrial CA Known Fibroids Ovarian CA Ovarian Cysts	Pre-embolization work-up Uterine Artery Embolus Rectocele Cystocele	72197
Pelvis - Male	MRI Pelvis **Pre and Post** IV Contrast	Prostate	Rectal Staging		72197