

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. Mikhail Plotnitskiy Dr. Sheryl Tomack
 Dr. Patrick E. McManus

85 East Merrick Rd, Valley Stream, NY 11580
 T: 516-596-3030 F: 516-596-3003

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

MAMMOGRAPHY

150 Screening With 3D Tomosynthesis
 Bilateral R L

150A Screening Bilateral R L

151 Diagnostic With 3D Tomosynthesis
 Bilateral R L

151A Diagnostic Bilateral R L

No lotions, deodorant, perfume or powder.
 Bring previous outside mammograms.

ADD BREAST ULTRASOUND IF NEEDED

MRI (MAGNETIC RESONANCE IMAGING)

12 MRI Breast: Pre + Post IV Contrast 77049
 Breast Cancer
 Family History of Breast Cancer
 BRCA1/BRCA2 Positive

13 MRI Breast: No IV Contrast 77047
 Implant Rupture

26 MRI Pelvis: Pre + Post IV Contrast 72197
 Ovarian Mass Rectal Staging
 Fibroids Fistula
 Endometrioma Rectocele
 Adenomyosis Cystocele

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

28 MRA/MRV Pelvis: Post IV Contrast 72198
 Pelvic Venous Thrombosis

49 Other _____

DEXA

160 Dexa Hips, Lumbar, Wrist 77080

161 Dexa Hips, Lumbar 77080

162 Dexa with LVA 77085

Indications: _____

X-RAY

122 X-Ray Chest

123 X-Ray Pelvis

129 Other _____

HYSTEROSALPINGOGRAM

ULTRASOUND

103 US Breast
 Complete 76641 Bilateral Right Left
 Limited 76642 Bilateral Right Left
 Dense Breast Lump
 Abnormal/inconclusive Mammography

104 US Abdomen
 Abdomen Complete 76700
 Abdomen RUQ Only 76705
 Renal/Retroperitoneum Complete 76770

105 US Pelvis
 Gyn Transabdominal Only 76856
 Gyn Transvaginal Only 76830
 Gyn Transvaginal AND Transabdominal 76856/76830
 Hysterosonogram 58340/76831
 Bladder 76857

106 US OB (1st trimester only)
 Transabdominal Only 76801
 Transvaginal Only 76817
 Transabdominal AND Transvaginal 76801/76817
 Nuchal Translucency 76813

108 Extremity Doppler Ultrasound
 Venous for DVT Lower
 Bilateral 93970 Right 93971 Left 93971
 Pain Edema
 Difficulty walking Shortness of breath

119 Other _____

CT (COMPUTED TOMOGRAPHY)

72 CT Abdomen and Pelvis: Yes Oral, No IV Contrast 74176
 Appendicitis Abdominal Pain
 Diverticulitis Fever Bloating

73 CT Abdomen and Pelvis: No Oral, No IV Contrast 74176 Stonehunt

74 CT Abdomen and Pelvis: Yes Oral, Post IV Contrast Only 74177
 Enterography Lymphoma

75 CT Abdomen: Yes Oral, Pre + Post IV Contrast and Pelvis: Post IV Contrast 74178
 Oncology Follow-Up Colon Cancer
 Breast Cancer Cervical Cancer

79 CT Pelvis: No Oral Pre + Post IV Contrast 72194 Cystogram

80 CT Pelvis: Yes Oral Post IV Contrast 72193 Pelvic Pain

99 Other _____

INTERVENTIONAL/BIOPSY

170 US Breast FNA 10005 First lesion/10006 Add'l lesions
 Specify Region: _____

171 US Core Biopsy 19083 (includes post procedure mammo)
 Specify Region: _____

172 Stereotactic Biopsy 19081 (includes post procedure mammo)
 Specify Region: _____
 Perform targeted US first, if lesion identified, biopsy under US

173 MRI Breast Biopsy 19085
 Specify Region: _____
 Perform targeted US first, if lesion identified, biopsy under US

179 Other _____

ABDOMEN/PELVIS CT

| YES ORAL POST IV ONLY | YES ORAL PRE + POST IV |
|--|--|
| ·Abdomen + Pelvis POST EXAM #74 74177 | ·Abdomen PRE + POST ·Pelvis POST EXAM #75 74178 |
| ·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 | EXAM NUMBER | |
|-----------------------|---|---|---|--------------------|-----------|
| Breast | MRI Breast Pre and Post IV Contrast | Breast Cancer BRCA 1/2 Positive | Family History of Breast Cancer | 77059 | 12 |
| Breast | MRI Breast Non IV Contrast | Implant Rupture | | 77059 | 13 |
| 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 | 26 |
| Pelvis - Male | MRI Pelvis Pre and Post IV Contrast | Prostate | Rectal Staging | 72197 | 26 |
| BODY PART | PROCEDURE TO PRE-CERT | REASON FOR EXAM | CPT | EXAM NUMBER | |
| Pelvis - MRV | MRA/MRV Pelvis Post IV ONLY Contrast | Pelvic Venous Thrombosis | | 72198 | 28 |

