

PATIENT LAST NAME

PATIENT FULL FIRST NAME

TODAY'S DATE

DATE OF BIRTH

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT):

PHYSICIAN SIGNATURE (REQUIRED)
Dr. Alan Weisman, DPM, CWS, DABPM

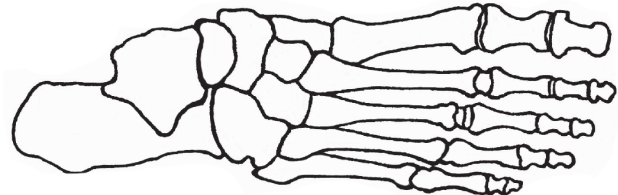
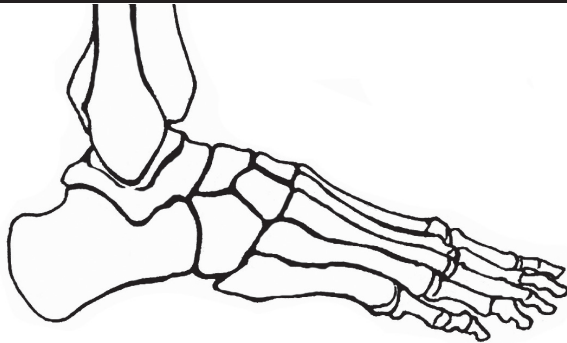
554 Larkfield Rd. • East Northport, NY 11731 • Tel: (631) 368-3668 • Fax: (631) 368-3669

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

SOFT TISSUE

- ☐ Tendon Path _____
- ☐ Ligament Path _____
- ☐ Lisfranc Injury
- ☐ Plantar Fasciitis/Tear/Fibroma
- ☐ Tarsal Tunnel Syndrome
- ☐ Sinus Tarsi Syndrome
- ☐ Neuroma/Bursitis
- ☐ Swelling/Mass/Lump
- ☐ Other _____

PRE + POST CONTRAST MRI

- ☐ Soft Tissue Mass/Tumor
- ☐ Cellulitis/Infection/Osteomyelitis
- ☐ Other _____

NUCLEAR MEDICINE

- ☐ 221 Bone Scan 3 Phase 78315

X-RAY

- ☐ 125 X-Ray Extremities

☐ R ☐ L ☐ BILATERAL

- ☐ Tibia/Fibula
- ☐ Ankle
 - ☐ Weight-bearing
- ☐ Heel/Calcaneus
- ☐ Foot
 - ☐ Weight-bearing
- ☐ Toe Specify # _____

- ☐ 129 Other _____

DIAGNOSTIC US

- ☐ 109 Extremity Ultrasound 76881

- ☐ R ☐ L
- ☐ Medial ankle
- ☐ Lateral ankle
- ☐ Heel/Achilles
- ☐ Heel/Plantar fascia
- ☐ Neuroma/plantar plate
- ☐ Soft tissue mass/lump
- ☐ Other _____

INTERVENTIONAL

- ☐ 177 MSK Ultrasound-Guided ☐ R ☐ L

☐ Aspiration ☐ Injection

 Of: _____
 please specify location/joint

- ☐ 178 Lab/Fluid Analysis

- ☐ Culture & Gram Stain
- ☐ Cell Count
- ☐ FNA & Cyto/Histopathology
- ☐ Other _____

- ☐ 179 Other _____

VASCULAR ULTRASOUND

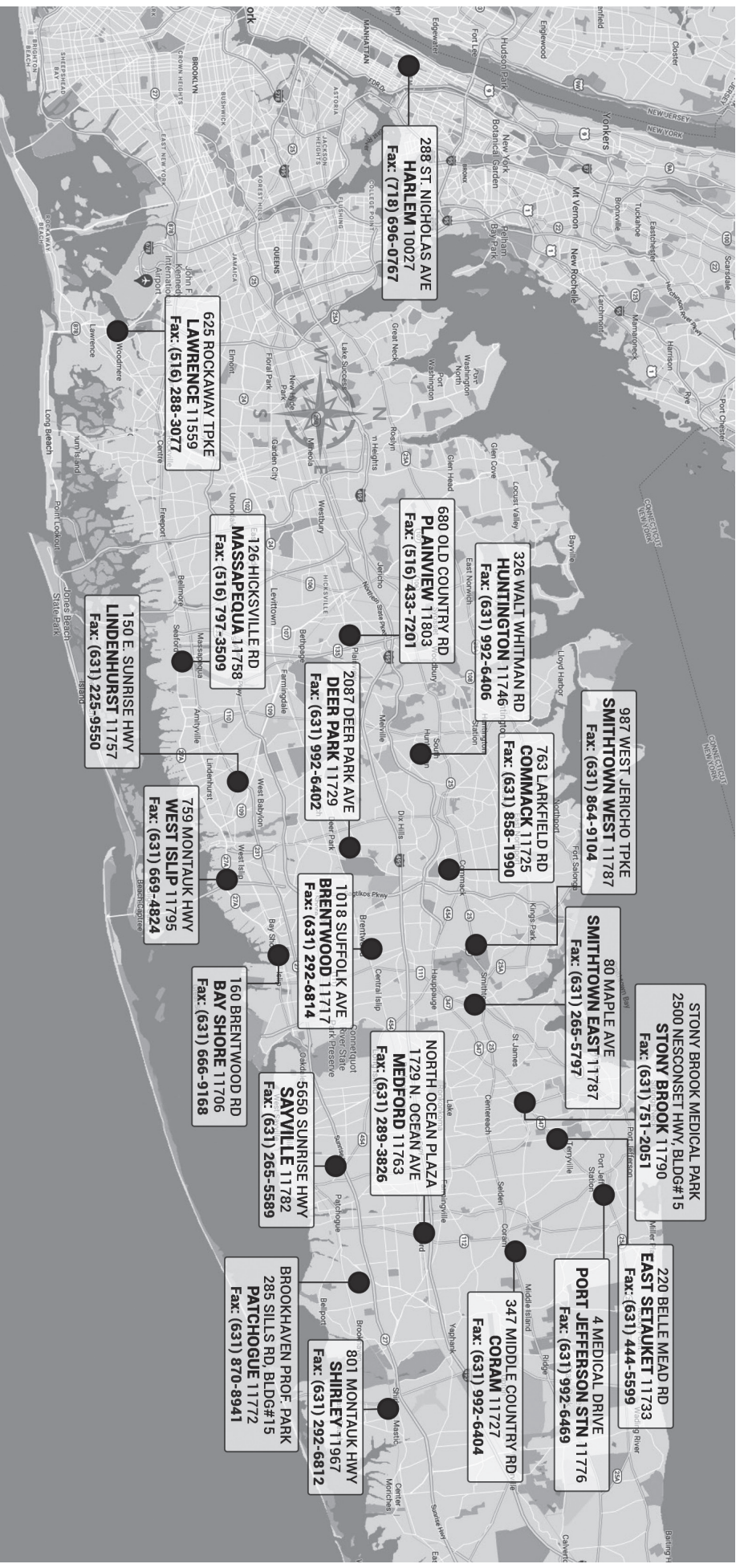
- ☐ 108 Extremity Doppler Ultrasound

☐ Venous for DVT ☐ Upper ☐ Lower
☐ Bilateral 93970 ☐ Right 93971 ☐ Left 93971

☐ Arterial ☐ Upper ☐ Lower

☐ Bilateral 93930 ☐ Right 93931 ☐ Left 93931

- ☐ 119 Other _____



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