ZWANGER-PESIRI RADIOLOGY *Tel: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):

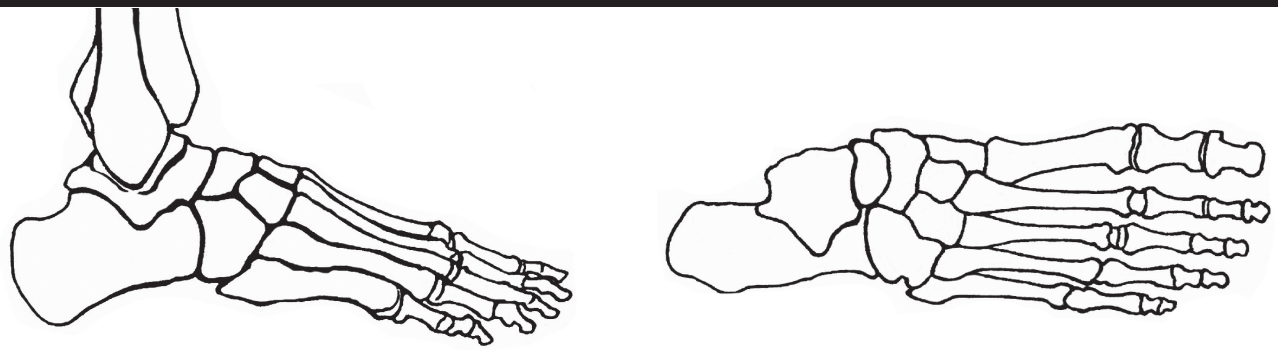
PHYSICIAN SIGNATURE (REQUIRED)

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_____

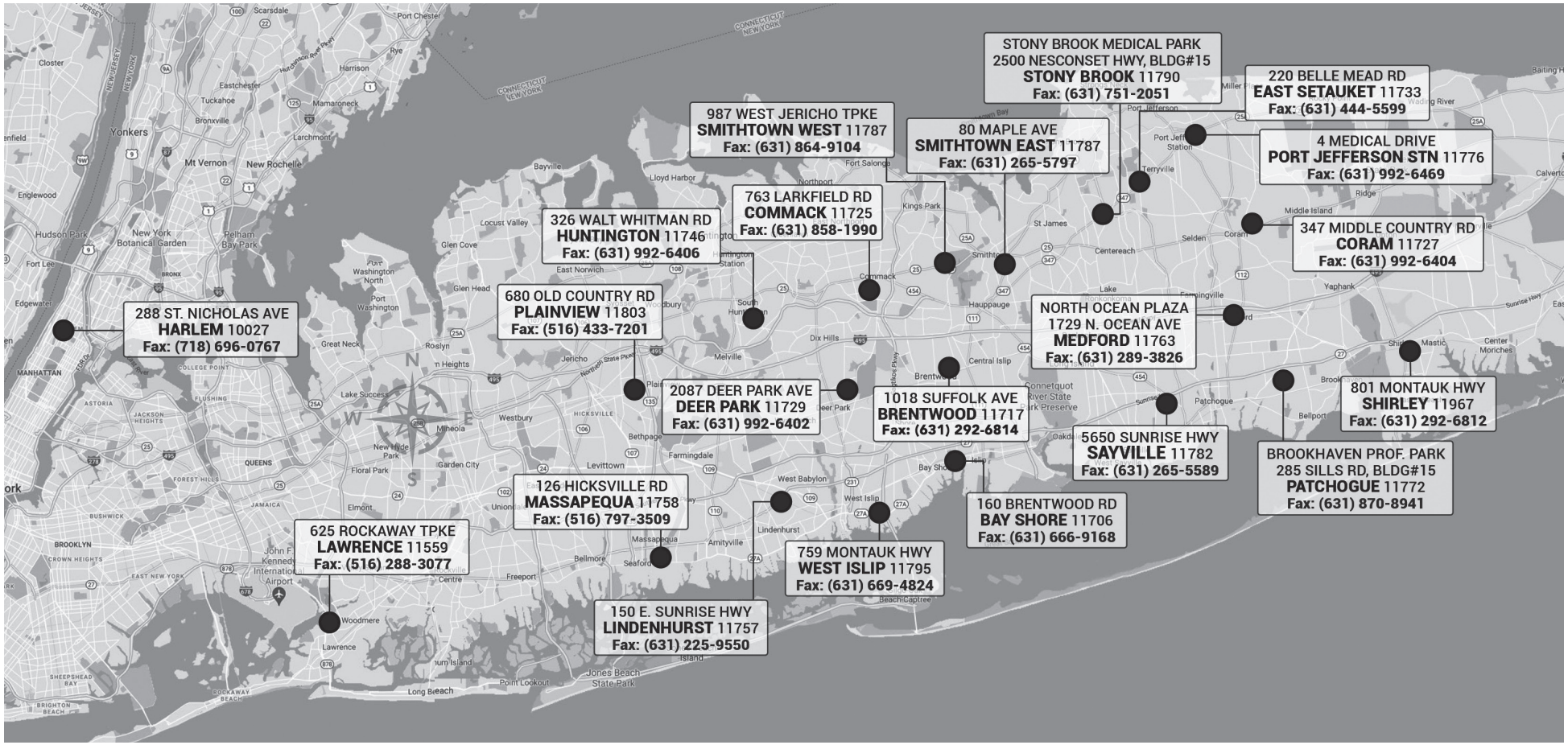
VASCULAR ULTRASOUND

(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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