

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) _____ 87-01 Justice Ave, Elmhurst, NY 11373 T: (718) 699-5283 F:(718) 699-5293

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

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

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

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 _____

Chest & Body

- Chest
- Breast MRI
- Cardiac MRI
- Function Viability
- Mediastinum
- Brachial plexus
- Scapula
- Sternum
- Thoracic outlet
- Abdomen
- Specify _____
- Pelvis
- Dynamic pelvis/
MR defogram
- Prostate
- Enterography
- MRCP
- Rectal MRI
- Other _____

MRI/PET

- Add MR intravenous contrast if needed
- PET Only Auth#: _____

- 78608 Brain PET
- 78812 Top of head to mid thigh
- 78813 Top of head to toes (melanoma protocol)
- 78813 NaF-18 bone metastasis (whole body)

- With additional MRI Body region: _____
- MRI Auth#: _____

Digital X-RAY

- Skull C spine Chest Bone age Shoulder R L Wrist R L Femur R L Foot R L
- Orbits T spine F/U abdomen Ribs Humerus R L Hand R L Knee R L Toes R L
- Facial bones L spine KUB abdomen Elbow R L Fingers R L Tibia/fibula R L Ankle R L Other: _____
- Nasal bones Sacrum Pelvis Forearm R L Hips R L Ankle R L

CT

- With Contrast Without Contrast With & Without Contrast
- Oral Contrast Only IV Contrast Only Oral & IV 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

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 _____

Neuro/ENT

- Brain
- Orbits
- Temporal bones
- Paranasal sinuses
- Soft tissues neck

Musculoskeletal

- Joint
- Specify _____
- Extremity
- Specify _____
- Scanogram

Nuclear Medicine

- Bone scan
- Add SPECT if needed
- Whole body
- 3 phase
- Region _____
- Cardiac
- Myocardial perfusion stress study
- With treadmill/exercise
- With pharm. agent
- MUGA (gated blood pool)
- Thyroid
- Uptake & scan
- I-131 treatment
- Dose _____
- HIDA/DISIDA
- With cholecystokinin
- Renal
- With lasix washout
- DTPA
- Parathyroid
- Gastric emptying
- Other _____

PET/CT

- Add CT intravenous contrast if needed
- PET/CT Auth#: _____

- 78608 Brain PET
- 78815 Base of skull to mid thigh
- 78816 Top of head to toes (melanoma protocol)
- 78816 NaF-18 bone metastasis (whole body)
- 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

DXA Bone Density

Ultrasound

- Breast
- Bilateral R L
- Thyroid
- Scrotal/testicular
- Transrectal prostate
- Pelvis (GYN)
- Transabdominal
- Transvaginal
- Transabdominal / Transvaginal
- Hysterosonogram
- Obstetrical
- Abdomen
- Aorta only
- Retroperitoneum (Renal/Bladder)
- Other _____
- 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

Echocardiogram

Interventional Biopsy

- Thyroid Lung Liver
- US Breast FNA Specify Region _____
- US Core Biopsy (includes post procedure mammo)
- Specify Region _____
- Stereotactic Biopsy (includes post procedure mammo)
- Specify Region _____
- Perform targeted US first, if lesion identified, biopsy under US
- MRI Breast Biopsy 1 Specify Region _____
- Perform targeted US first, if lesion identified, biopsy under US
- Other _____

TOWN	ADDRESS	TRANSIT	FAX NUMBER
MANHATTAN HARLEM	324W 125th St, 10027	A C B D M3, M10, M100, M102, M60, BX15	(718) 696-0186
BRONX PARKCHESTER	1888 Westchester Ave, 10472	6 Q44, BX4, BX4A, BX36, BX39	(718) 696-0193
BROOKLYN COBBLE HILL	205 Smith Street, 11201	F G B57	(718) 684-7425
CROWN HTS	1128 Eastern Pkwy, 11213	2 3 4 B14, B17, B46	(718) 684-7438
QUEENS BAYSIDE	213-02 Northern Blvd, 11361	Q12, Q13, Q27, Q31, QM3, n20, n20G	(718) 684-7423
ELMHURST	88-12 Queens Blvd, 11373	R M Q59, Q60	(718) 684-7427
LAURELTON	231-35 Merrick Blvd, 11413	Q5	(718) 684-7421
OZONE PARK	102-34 Atlantic Ave, 11416	Q24	(718) 684-7429

