

		/ /	/ /
PATIENT LAST NAME	PATIENT FULL FIRST NAME	TODAY'S DATE	DATE OF BIRTH

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

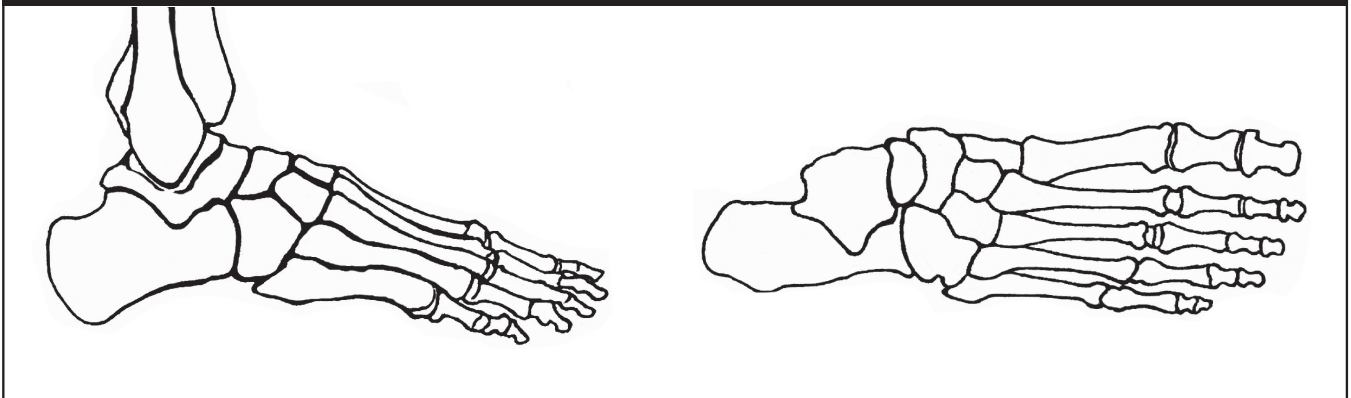
ICD-10: _____

	☐ Gus A. Constantouris, R.PH., D.P.M. ☐ Eileen Constantouris, D.P.M.	☐ COMMACK	☐ EAST SETAUKET
PHYSICIAN SIGNATURE (REQUIRED)			

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

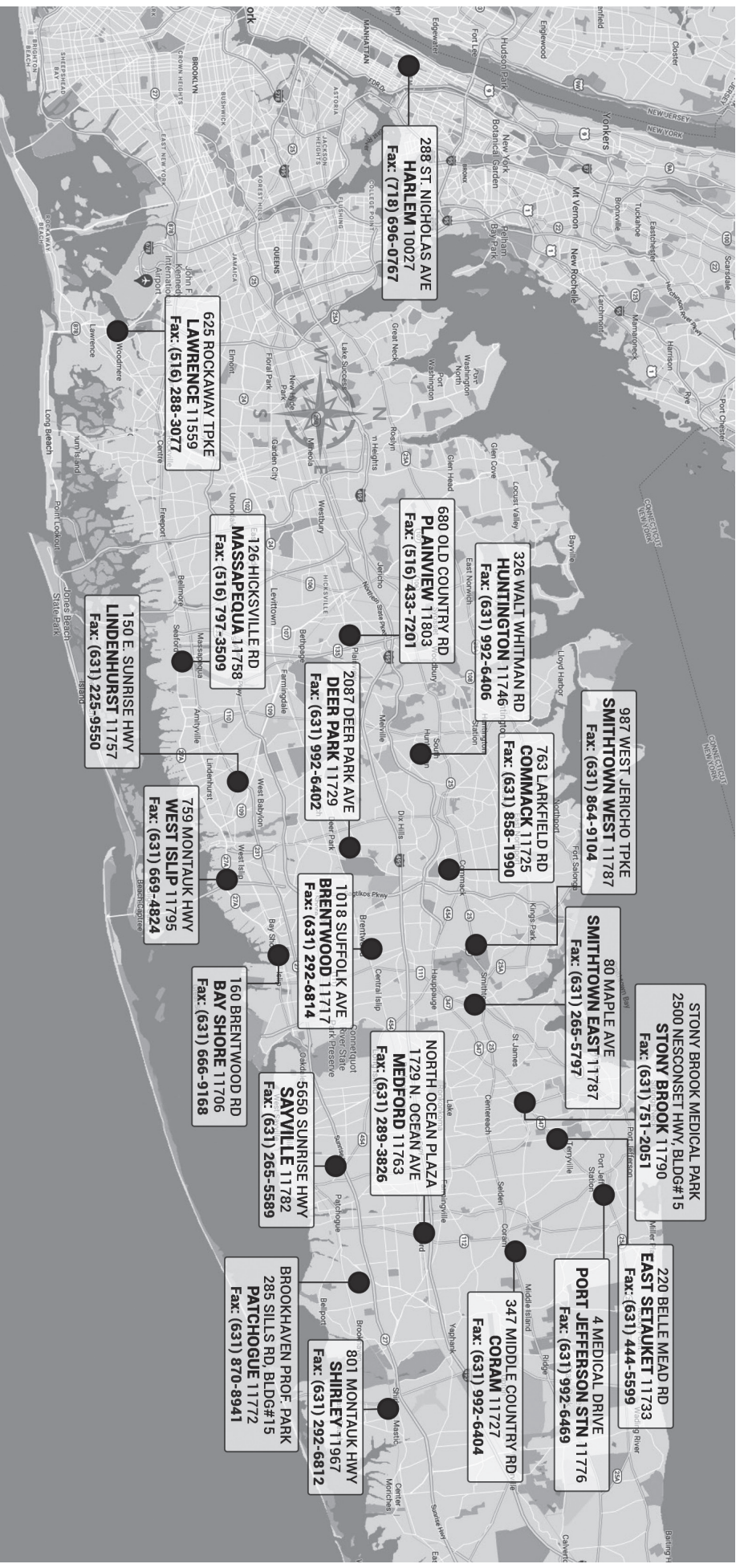
PLEASE MARK **X** AT THE LOCATION OF SUSPECTED PATHOLOGY



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: _____ <i>please specify location/joint</i>
☐ 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 _____



288 ST. NICHOLAS AVE
HARLEM 10027
Fax: (718) 696-0767

625 ROCKAWAY TPKE
LAWRENCE 11559
Fax: (516) 288-3077

680 OLD COUNTRY RD
PLAINVIEW 11803
Fax: (516) 433-7201

326 WALT WHITMAN RD
HUNTINGTON 11746
Fax: (631) 992-6406

763 LARKFIELD RD
COMMACK 11725
Fax: (631) 858-1990

987 WEST JERICHO TPKE
SMITHTOWN WEST 11787
Fax: (631) 864-9104

80 MAPLE AVE
SMITHTOWN EAST 11787
Fax: (631) 265-5797

STONY BROOK MEDICAL PARK
2500 NESCONSET HWY, BLDG#15
STONY BROOK 11790
Fax: (631) 751-2051

220 BELLE MEAD RD
EAST SETAUKET 11733
Fax: (631) 444-5599

4 MEDICAL DRIVE
PORT JEFFERSON STN 11776
Fax: (631) 992-6469

347 MIDDLE COUNTRY RD
CORAM 11727
Fax: (631) 992-6404

801 MONTAUK HWY
SHIRLEY 11967
Fax: (631) 292-6812

BROOKHAVEN PROF. PARK
285 SILLS RD, BLDG#15
PATCHOGUE 11772
Fax: (631) 870-8941

5650 SUNRISE HWY
SAVILLE 11782
Fax: (631) 265-5589

160 BRENTWOOD RD
BAY SHORE 11706
Fax: (631) 666-9168

1018 SUFOLK AVE
BRENTWOOD 11717
Fax: (631) 292-6814

2087 DEER PARK AVE
DEER PARK 11729
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126 HICKSVILLE RD
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150 E. SUNRISE HWY
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759 MONTAUK HWY
WEST ISLIP 11795
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