ZWANGER-PESIRI RADIOLOGY *Tel:631-444-5544* ***zprad.com***

Constantouris Foot Care

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)

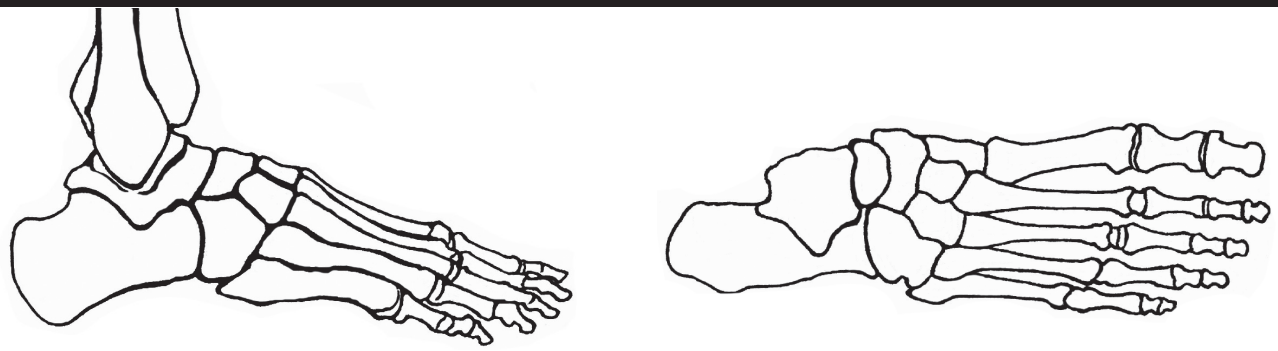
☐ Gus A. Constantouris, R.PH., D.P.M.
☐ Eileen Constantouris, D.P.M.

☐ *COMMACK* ☐ *EAST SETAUKET*

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

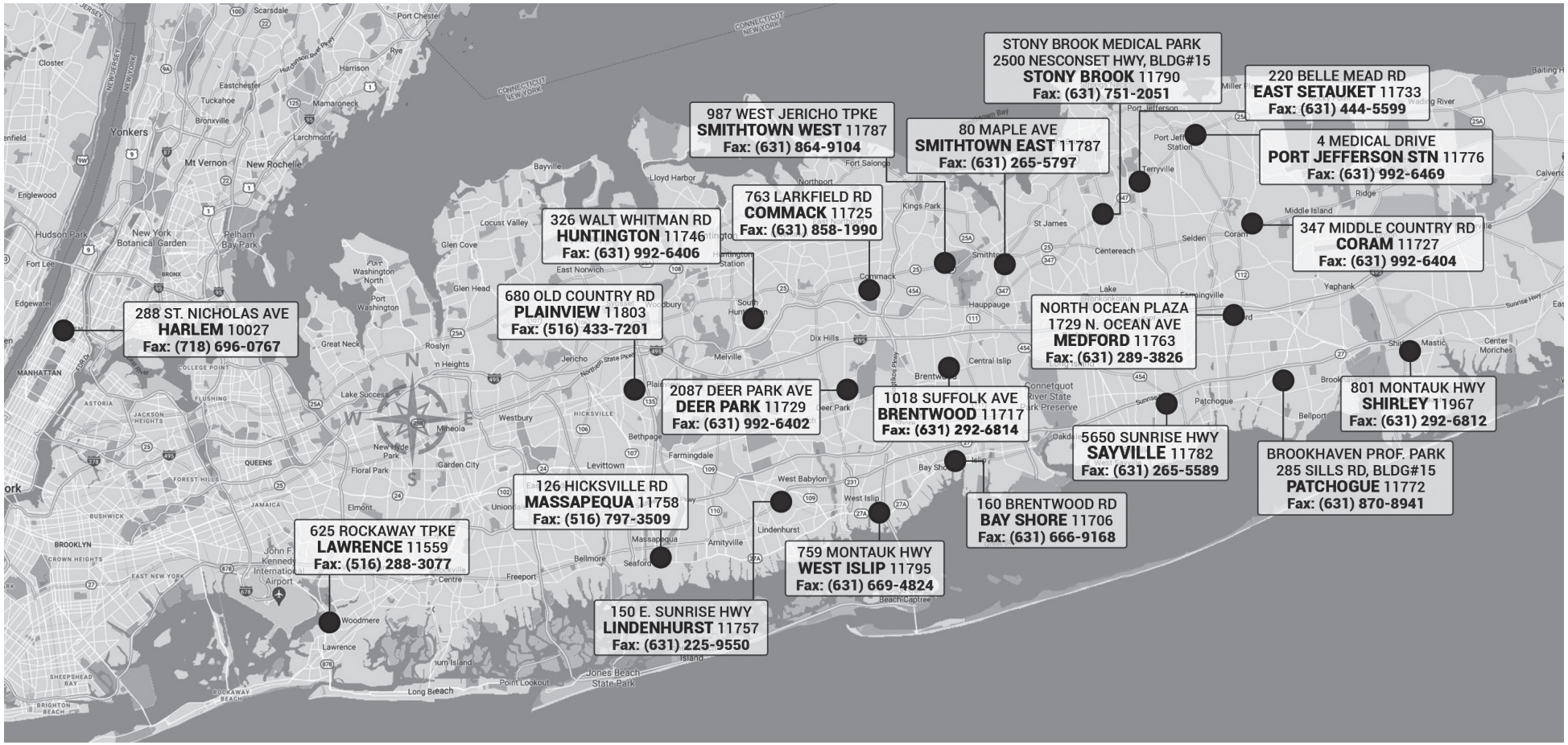
(108) **Extremity Doppler Ultrasound**

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

☐ **Arterial** ☐ **Upper** ☐ **Lower**
☐ *Bilateral 93930* ☐ *Right 93931* ☐ *Left 93931*

(119) **Other**_____

11/21



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