ZWANGER-PESIRI RADIOLOGY (631) 444-5544 zprad.com

Long Island BRAIN & SPINE

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)

☐ **GEORGE KAKOULIDES, MD**
☐ **THOMAS HEINISCH, PA**
☐ **OTHER:**

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

ORTHOPEDIC IMAGING

☐ Magnetic Resonance Imaging (MRI)

☐ With & Withtout I.V. Contrast ☐ No I.V. Contrast
☐ With I.V. Sedation
☐ 3T Wide-Bore ☐ 1.5T Wide-Bore ☐ Either 3T or 1.5T Wide-Bore
☐ 1.2 Open-Sided
- ☐ Cervical Spine
- ☐ Thoracic Spine Levels _____
- ☐ Lumbar Spine
- ☐ Sacrum/Coccyx
- ☐ Shoulder ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Finger ☐ R ☐ L
- ☐ Specify ☐ R ☐ L
- ☐ Pelvis ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Toe ☐ R ☐ L

Specify _____
☐ Long Bone
Specify _____

Preoperative Joint Scans
- ☐ Biomet Signature
- ☐ Conformis
- ☐ Wright Prophecy
- ☐ DePuy TruMatch
- ☐ Zimmer

☐ Computed Tomography (CT)

☐ 2D & 3D Reformatting
☐ Without Contrast
☐ Oral Contrast Only
☐ Oral & IV Contrast
☐ With Contrast
☐ With & Without Contrast
☐ IV Contrast Only

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Bony Pelvis
- ☐ Extremity/Joint specify
- ☐ Other _____

☐ Digital X-Ray Specify _____

☐ DXA Bone Density

☐ Ultrasound (Diagnostic)

☐ Orthopedic: Specify _____
☐ Venous Doppler
- ☐ Lower Extremity ☐ R ☐ L ☐ Bilateral
- ☐ Upper Extremity ☐ R ☐ L ☐ Bilateral

☐ Arterial Doppler
- ☐ Lower Extremity ☐ R ☐ L ☐ Bilateral
- ☐ Upper Extremity ☐ R ☐ L ☐ Bilateral

☐ Nuclear Bone Scan

☐ Whole Body with SPECT
☐ Whole Body with SPECT if needed
☐ Three Phase: Region _____
☐ Limited Area: Region _____

☐ Interventional Procedures

☐ MR Arthrography
- ☐ Hip ☐ R ☐ L ☐ With Steroid
- ☐ Shoulder ☐ R ☐ L ☐ With Steroid
- ☐ Knee ☐ R ☐ L ☐ With Steroid
- ☐ Wrist ☐ R ☐ L ☐ With Steroid
- ☐ Elbow ☐ R ☐ L ☐ With Steroid
- ☐ Other _____
  ☐ R ☐ L ☐ With Steroid

☐ Ultrasound Guided Steroid/Anesthetic Injections
- ☐ Iliopsoas Bursa ☐ R ☐ L
- ☐ Ischial Tuberosity ☐ R ☐ L
- ☐ Shoulder Paralabral Cyst Aspiration ☐ R ☐ L
- ☐ Calcific Tendinopathy Aspiration/Lavage ☐ R ☐ L
- ☐ Baker's Cyst Aspiration ☐ R ☐ L
- ☐ AC Joint ☐ R ☐ L
- ☐ SI Joint ☐ R ☐ L
- ☐ Ankle/Foot - Joint _____
- ☐ Other _____

☐ Joint Aspiration
Joint _____ ☐ R ☐ L

☐ Other

ZWANGER-PESIRI
RADIOLOGY

CONTRAST GUIDE

MRI MUSCULOSKELETAL

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Extremity, Non Joint: Forearm, Thigh, Hand / Finger, Lower Leg, Humerus, Foot / Toes	MRI Non-Joint **Non** Contrast Upper Extremity / Lower Extremity	Fracture / Stress Fracture; Muscle / Tendon Tear	73218/73718	32/37
Extremity, Non Joint: Forearm, Thigh, Hand/Finger, Lower Leg, Humerus, Foot / Toes	MRI Non-Joint **Pre and Post IV** Contrast Upper Extremity / Lower Extremity	**(Venous Injection)**, Abscess, Cellulitis, Morton's Neuroma, Osteomyelitis, Soft Tissue, Tumor/Mass, Ulcer	73220/73720	33/38
Extremity, Joint: Shoulder, Hip, Elbow, Knee, Wrist, Ankle	MRI Joint **Non** Contrast Upper Extremity / Lower Extremity	Arthritis, Cartilage Tear, Fracture/Stress Fracture, Internal Derangement, Joint Pain, Ligament Tear, Meniscal Tear, Muscle / Tendon Tear	73221/73721	29/34
Extremity, Joint: Shoulder, Hip, Elbow, Knee, Wrist, Ankle	MRI Joint **Pre and Post IV** Contrast Upper Extremity / Lower Extremity	**(Venous Injection)**, Abscess, Cellulitis, Osteomyelitis, Tumor / Mass, Ulcer	73223/73723	30/35
Joint: Arthrogram	MRI Joint **Post** Contrast	**Intra-articular Injection**	73222/73722	31/36
Chest - MSK	MRI Chest **Non** Contrast	AC Joint Pain, SC Joint Pain, Scapula, Sternum, Brachial Plexus	71550	16

MRI SPINE

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Spine: Cervical	MRI Cervical Spine **Non** Contrast	Degenerative Disease, Disc Herniation, Extremity Pain/Weakness, Neck Pain, Radiculopathy, Trauma	72141	40
Spine: Cervical	MRI Cervical Spine **Pre and Post IV** Contrast	Discitis, Mass/Lesion, Osteomyelitis	72156	41
Spine: Thoracic	MRI Thoracic Spine **Non** Contrast	Back Pain, Compression Fx, Disc Herniation, Radiculopathy, Stenosis, Trauma	72146	42
Spine: Thoracic	MRI Thoracic Spine **Pre and Post IV** Contrast	Discitis, Mass/Lesion, Osteomyelitis	72157	43
Spine: Lumbar	MRI Lumbar Spine **Non** Contrast	Back Pain, Compression Fx, Disc Herniation, Radiculopathy, Trauma	72148	44
Spine: Lumbar	MRI Lumbar Spine **Pre and Post IV** Contrast	Osteomyelitis, Post Lumbar Surgery (<10 yrs) Discitis, Mass/Lesion	72158	45

MRI BODY & BODY VASCULAR

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT	EXAM NUMBER
Brachial Plexus	MRI Chest **Non** Contrast	Brachial Plexus Neuropathy	71550	16
BODY PART	**PROCEDURE TO PRE-CERT**	**REASON FOR EXAM**	**CPT**	**EXAM NUMBER**
Peripheral Angiography	MRA Abd/Pel and Lower Extremity Runoff **Post IV ONLY** Contrast	Claudication	74185/ 72198/ 73725/ 73725	39