

		/ /	/ /
PATIENT LAST NAME	PATIENT FULL FIRST NAME	TODAY'S DATE	
CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT):			

	ICD-10:	
403 Little East Neck Rd • West Babylon, NY 11704 T: (631) 716-5463 • F: (631) 620-3560		

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
HAVE
RADIOLOGIST
CALL WITH ALL
RESULTS

STAT

■ 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	MRA
☐ Brain ☐ Orbits ☐ Pituitary ☐ IAC ☐ Cervical spine ☐ Thoracic spine ☐ Lumbar spine ☐ Sacrum/coccyx ☐ CSF Flow ☐ DTI ☐ Perfusion ☐ MR spectroscopy ☐ TMJ ☐ Soft tissue neck/parotid	☐ 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	Chest & Body
☐ 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 ☐ Breast MRI ☐ Cardiac MRI ☐ Function ☐ Viability ☐ Mediastinum ☐ Brachial plexus ☐ Clavicle/sc joint ☐ 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			
Patients can print registration forms online			
☐ Skull ☐ Orbits ☐ Facial bones ☐ Nasal bones	☐ C spine ☐ T spine ☐ L spine ☐ Sacrum	☐ Chest ☐ F/U abdomen ☐ KUB abdomen ☐ Pelvis	☐ Bone age ☐ Ribs
☐ Shoulder ☐ R ☐ L ☐ Humerus ☐ R ☐ L ☐ Elbow ☐ R ☐ L ☐ Forearm ☐ R ☐ L	☐ Wrist ☐ R ☐ L ☐ Hand ☐ R ☐ L ☐ Fingers ☐ R ☐ L ☐ Hips ☐ R ☐ L	☐ Femur ☐ R ☐ L ☐ Knee ☐ R ☐ L ☐ Tibia/fibula ☐ R ☐ L ☐ Ankle ☐ R ☐ L	☐ Foot ☐ R ☐ L ☐ Toes ☐ R ☐ L ☐ Other:

■ CT	
☐ With Contrast ☐ Without Contrast ☐ With & Without Contrast ☐ Oral Contrast Only ☐ IV Contrast Only ☐ Oral & IV Contrast	
CT Angiography	Spine
☐ 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	☐ Cervical ☐ Thoracic Specify levels _____ ☐ Lumbar ☐ Sacrum/coccyx
Neuro/ENT	Body
☐ Brain ☐ Orbits ☐ Temporal bones ☐ Paranasal sinuses ☐ Soft tissues neck	☐ 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
Musculoskeletal	Other _____
☐ 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:

■ Echocardiogram
■ DXA Bone Density

■ 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	
■ 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

■ 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 _____

■ Fluoroscopy
☐ Esophagram ☐ Lap band ☐ UGI (includes esophagram) ☐ Hysterosalpingogram ☐ UGI & small bowel series ☐ Other: ☐ Small bowel series only

ZWANGER-PESIRI RADIOLOGY

ABDOMEN/PELVISCTCONTRASTINFORMATION

NO ORAL NO IV	NO ORAL PRE + POST IV	NO ORAL POST IV ONLY	YES ORAL PRE + POST IV	YES ORAL NO IV	YES ORAL POST IV ONLY	YES ORAL PRE + POST IV
•Abdominal+Pelvis No contrast	•Abdomen Pre+Post •Pelvis Pre+Post	•CTA •Abdomen •Abdomen+Pelvis	•Abdomen Pre + Post	•Abdomen + Pelvis No IV Contrast	•Abdomen + Pelvis Post Contrast	•Abdomen Pre + Post •Pelvis Post
74176	74178	74174	74170	74176	74177	74178
•For Stone Hunt Study Only	•Urogram •Hematuria CTA ABDOMINAL AORTATOEEVALUATE STENT GRAFT 74175	75635 -RUN OFF •Aortic Aneurysm •Aortic Aneurysm With Runoff	•Triple Phase Liver •Pancreas Study •Kidney Tumor •Adrenal Study	•Pain •Appendicitis •Diverticulitis	•Bloating •Diffuse Abdominal Pain •Enterography •Lymphoma	•Oncology Follow Up •Breast Cancer •Cervical Cancer •Colon Cancer

MRI BODY & BODY VASCULAR

BODY PART	PROCEDURE TO PRE-CERT	REASON FOR EXAM	CPT
Abdomen	MRI Abdomen Non Contrast	MRCP Hemachromatosis	74181
Abdomen	MRI Abdomen Pre and Post IV Contrast	Kidneys Liver Mass Adrenals Pancreas	74183
Brachial Plexus	MRI Chest Non Contrast	Brachial Plexus Neuropathy	71550
Chest Mediastinum	MRI Chest Pre and Post IV Contrast	Infection Mass Metastatic Disease Thoracic Outlet Syndrome	71552
Breast	MRI Breast Pre and Post IV Contrast	Breast Cancer BRCA 1/2 Positive Family History of Breast Cancer	77059
Breast	MRI Breast Non IV Contrast	Implant Rupture	77059
Cardiac	MRI Heart Pre and Post IV Contrast	Myocardial Perfusion EF Myocardial Infarction	75561
Pelvis - Female (GYN)	MRI Pelvis Pre and Post IV Contrast	Adenomyosis Endometriomas Menses Problems Pelvic Pain Uterine Anomalies Adnexal Mass Endometrial CA Known Fibroids Ovarian CA Ovarian Cysts Pre-embolization work-up Uterine Artery Embolus Rectocele Cystocele	72197
Pelvis - Male	MRI Pelvis Pre and Post IV Contrast	Prostate Rectal Staging	72197

