

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)	PHYSICIAN NAME (PRINTED OR STAMPED)
PHYSICIAN ADDRESS	

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

CT (COMPUTED TOMOGRAPHY)

66 CT Chest: No IV Contrast 71250

<input type="checkbox"/> Cough	<input type="checkbox"/> Atelectasis
<input type="checkbox"/> Lung Nodule	<input type="checkbox"/> COPD
<input type="checkbox"/> Asbestosis	<input type="checkbox"/> Fibrosis
<input type="checkbox"/> Effusion	<input type="checkbox"/> Calcium Scoring
<input type="checkbox"/> Congestive Heart Failure	

67 CT Lung Cancer Screening: No IV Contrast G0297 or S0832 (depends on insurance)

68 CT Chest: Post IV Contrast ONLY 71260

<input type="checkbox"/> Hilair Adenopathy	<input type="checkbox"/> Hemoptysis
<input type="checkbox"/> Central Lung Cancers	<input type="checkbox"/> Infection
<input type="checkbox"/> Lung Mass	

69 CTA Chest: Post IV Contrast Only 71275

<input type="checkbox"/> Aneurysm	
<input type="checkbox"/> Aortic Dissection	
<input type="checkbox"/> Pulmonary Embolism	
<input type="checkbox"/> Pulmonary Vein	

70 CTA Coronary Arteries: Post IV Contrast Only 75574

<input type="checkbox"/> Stenosis	<input type="checkbox"/> Occlusion
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71 CT Calcium Scoring: No IV Contrast (self pay)

99 Other _____

X-RAY

122 X-Ray Chest

<input type="checkbox"/> Chest	<input type="checkbox"/> Bilateral Ribs
<input type="checkbox"/> Right Ribs	<input type="checkbox"/> Sternum
<input type="checkbox"/> Left Ribs	<input type="checkbox"/> Sternoclavicular Joints

129 Other _____

PET

PLEASE FAX SCRIPT AND CLINICAL NOTES TO: 631-992-6464

PET/CT

201 Skull Base To Mid Thighs 78815

PET with MRI for attenuation correction

205 Skull Base To Mid Thighs 78812

MRI (MAGNETIC RESONANCE IMAGING)

15 MRI Chest: Pre + Post IV Contrast 71552

<input type="checkbox"/> Chest Wall Mass	<input type="checkbox"/> Abscess
<input type="checkbox"/> Mediastinum Mass	<input type="checkbox"/> Pericardial Disease

16 MRI Chest: No IV Contrast 71550

<input type="checkbox"/> Pectoralis Tear	
<input type="checkbox"/> Sternal Trauma	
<input type="checkbox"/> SC Joint Pain	
<input type="checkbox"/> Brachial Plexus	

17 MRI Heart: Pre + Post IV Contrast 75561

<input type="checkbox"/> Myocardial Perfusion	
<input type="checkbox"/> Myocardial Infarct	
<input type="checkbox"/> Cardiac Function	
<input type="checkbox"/> Ejection Fraction	

18 MRA Chest: Post IV Contrast 71555

<input type="checkbox"/> Thoracic Aneurysm	
<input type="checkbox"/> Pulmonary Vein Mapping	
<input type="checkbox"/> Dissection	

14 MRI and MRA Thoracic Outlet: Pre+Post IV Contrast 71555/71552

<input type="checkbox"/> Numbness	
<input type="checkbox"/> Thoracic Outlet Syndrome	

49 Other _____

ULTRASOUND

102 US Chest 76604

<input type="checkbox"/> Diaphragm Motion	<input type="checkbox"/> Lump
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107 US Vascular / Cardiac

<input type="checkbox"/> Carotid Doppler 93880	
<input type="checkbox"/> Echocardiogram 93306	

108 Extremity Doppler Ultrasound

<input type="checkbox"/> Venous for DVT	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Bilateral 93970	<input type="checkbox"/> Right 93971	<input type="checkbox"/> Left 93971
<input type="checkbox"/> Pain		
<input type="checkbox"/> Edema		
<input type="checkbox"/> Difficulty walking		
<input type="checkbox"/> Shortness of breath		

Arterial Upper

<input type="checkbox"/> Bilateral 93930	<input type="checkbox"/> Right 93931	<input type="checkbox"/> Left 93931
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Arterial Lower

<input type="checkbox"/> Bilateral 93925	<input type="checkbox"/> Right 93926	<input type="checkbox"/> Left 93926
<input type="checkbox"/> Atherosclerosis		
<input type="checkbox"/> Claudication		
<input type="checkbox"/> Pelvic Pain		

119 Other _____

NUCLEAR MEDICINE

213 Stress - Treadmill 78452

214 Stress-Pharmacologic 78452/J2785

215 MUGA 78472

229 Other _____

ZWANGER-PESIRI RADIOLOGY

