

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Phone # (Home): _____ Phone # (Work): _____ Phone # (Cell): _____

Clinical Diagnosis / Symptoms (Required): _____

Appt. Date: _____ Time: _____ Primary Care Physician's Phone #: _____

QUICK SCHEDULE: Obtain Insurance Authorization Call Patient to Schedule Wet Read

BELOW PLEASE INDICATE THE TYPE OF STUDY REQUIRED AND THE PATIENT'S DIAGNOSIS

1.5T MRI

- 70551 MRI BRAIN (w/o)
- 70553 MRI BRAIN (w-w/o)
- 70540 MRI ORBITS (w/o)
- 70543 MRI ORBITS (w-w/o)
- 70540 MRI IAC'S (w/o)
- 70543 MRI IAC'S (w-w/o)
- 70540 MRI SOFT TISSUE NECK (w/o)
- 70543 MRI SOFT TISSUE NECK (w-w/o)
- 70551 MRI PITUITARY (w/o)
- 70553 MRI PITUITARY (w-w/o)
- 70336 MRI BILAT TMJ
- 72141 MRI C-SPINE (w/o)
- 72156 MRI C-SPINE (w-w/o)
- 72146 MRI T-SPINE (w/o)
- 72157 MRI T-SPINE (w-w/o)
- 72148 MRI L-SPINE (w/o)
- 72158 MRI L-SPINE (w-w/o)
- 71550 MRI CHEST (w/o)
- 71552 MRI CHEST (w-w/o)
- 74181 MRI ABDOMEN (w/o)
- 74183 MRI ABDOMEN (w-w/o)
- 72195 MRI PELVIS (w/o)
- 72197 MRI PELVIS (w-w/o)
- 74183 MRI LIVER
- 73221 MRI SHOULDER R or L (w/o)
- 73223 MRI SHOULDER R or L (w-w/o)
- 73221 MRI ELBOW R or L (w/o)
- 73223 MRI ELBOW R or L (w-w/o)
- 73221 MRI WRIST R or L (w/o)
- 73223 MRI WRIST R or L (w-w/o)
- 73218 MRI HAND R or L (w/o)
- 73220 MRI HAND R or L (w-w/o)
- 73721 MRI HIP R or L (w/o)
- 73723 MRI HIP R or L (w-w/o)
- 73721 MRI KNEE/JNT R or L (w/o)
- 73723 MRI KNEE/JNT R or L (w-w/o)
- 73721 MRI ANKLE R or L (w/o)
- 73723 MRI ANKLE R or L (w-w/o)
- 73718 MRI FOOT R or L (w/o)
- 73720 MRI FOOT R or L (w-w/o)
- 72240 MYELO - C-SPINE

- 72255 MYELO - T-SPINE
- 72265 MYELO - L-SPINE
- OTHER - Please Specify: _____

ST. PETE MRA

- 70544 MRA HEAD
- 70549 MRA CAROTIDS

LARGO MRA

- 70544 MRA HEAD
 - 70549 MRA CAROTIDS
 - 71555 MRA PULMONARY
 - 73725 MRA LOW EXT/PELVIS
 - 73225 MRA UP EXT W/RUNOFF
- Please Specify: _____

- 74185 MRA ABD-AORTA
 - 71555 MRA T-SPINE AORTA
 - 71555 MRA SUBCLAVIAN
 - 74185 MRA RENAL
 - MRA Other
- Please Specify: _____

- MRV
- Please Specify: _____

MRCP

16-SLICE CT SCAN W/MPR

- 70450 CT HEAD/BRAIN (w/o)
- 70460 CT HEAD/BRAIN (w)
- 70470 CT HEAD/BRAIN (w-w/o)
- 70480 CT ORBITS (w/o)
- 70481 CT ORBITS (w)
- 70482 CT ORBITS (w-w/o)
- 70480 CT IAC'S (w/o)
- 70481 CT IAC'S (w)
- 70482 CT IAC'S (w-w/o)
- 70490 CT SOFT TISSUE NECK (w/o)
- 70491 CT SOFT TISSUE NECK (w)
- 70492 CT SOFT TISSUE NECK (w-w/o)
- 70486 CT SINUS
- 70486 CT FACIAL BONES

- 71250 CT CHEST (w/o)
- 71260 CT CHEST (w)
- 71270 CT CHEST (w-w/o)
- 74150 CT ABDOMEN (w/o)
- 74160 CT ABDOMEN (w)
- 74170 CT ABDOMEN (w-w/o)
- 72192 CT PELVIS (w/o)
- 72193 CT PELVIS (w)
- 72194 CT PELVIS (w-w/o)
- 74176 CT ABD/PELVIS (w/o)
- 74177 CT ABD/PELVIS (w)
- 74178 CT ABD/PELVIS (w-w/o)
- 72125 CT C-SPINE (w/o)
- 72126 CT C-SPINE (w)
- 72127 CT C-SPINE (w-w/o)
- 72128 CT T-SPINE (w/o)
- 72129 CT T-SPINE (w)
- 72130 CT T-SPINE (w-w/o)
- 72131 CT L-SPINE (w/o)
- 72132 CT L-SPINE (w)
- 72133 CT L-SPINE (w-w/o)
- 73200 CT SHOULDER R or L (w/o)
- 73201 CT SHOULDER R or L (w)
- 73202 CT SHOULDER R or L (w-w/o)
- 73200 CT ELBOW R or L (w/o)
- 73201 CT ELBOW R or L (w)
- 73202 CT ELBOW R or L (w-w/o)
- 73200 CT WRIST R or L (w/o)
- 73201 CT WRIST R or L (w)
- 73202 CT WRIST R or L (w-w/o)
- 73200 CT HAND R or L (w/o)
- 73201 CT HAND R or L (w)
- 73202 CT HAND R or L (w-w/o)
- 73700 CT HIP R or L (w/o)
- 73701 CT HIP R or L (w)
- 73702 CT HIP R or L (w-w/o)
- 73700 CT KNEE R or L (w/o)
- 73701 CT KNEE R or L (w)
- 73702 CT KNEE R or L (w-w/o)
- 73700 CT ANKLE R or L (w/o)
- 73701 CT ANKLE R or L (w)
- 73702 CT ANKLE R or L (w-w/o)
- 73700 CT FOOT R or L (w/o)
- 73701 CT FOOT R or L (w)
- 73702 CT FOOT R or L (w-w/o)
- OTHER - Please Specify: _____

- 72069 T-SPINE STANDING SCOLIOSIS SERIES
- 72100 L-SPINE 2/3V
- 72110 L-SPINE 4V (w OBL)
- 72170 AP PELVIS
- 73510 HIP 2V R or L
- 73550 FEMUR 2V R or L
- 73562 KNEE 3V R or L
- 73590 TIB/FIB R or L
- 73810 ANKLE 3V R or L
- 73630 FOOT 3V R or L
- 73650 CALCANEUS R or L
- 73660 TOES 2V R or L
- 74000 ABD 2V (Flat & upright)
- 74000 ABD 1V KUB
- 77072 BONE AGE
- 73060 HUMERUS R or L
- 77075 BONE SURVEY
- OTHER - Please Specify: _____

- 76805 US PREG COMPLETE
- 76810 US PREG MULTIPLE
- 76816 US PREG FOLLOW-UP
- 76818 US BIOPHYSICAL
- 76830 US TRANSVAGINAL
- 76856 US PELVIC COMPLETE
- 76870 US SCROTUM
- 93922 ABI
- 76880 US EXTR NON-VASC
- 93880 US CAROTID BILAT
- 93925 US LWR EXT ART BILAT
- 93926 US LWR EXT ART UNI
- 93930 US UPPER EXT ART BILAT
- 93931 US UPPER EXT ART UNI
- 93970 US VEN EXT BILAT
- 77072 BONE AGE
- 93976 US ABD/PELVIS LIMIT DUPLEX
- 93978 US AORTIC/IVC
- OTHER - Please Specify: _____

PET/CT

St. Pete ONLY

- 78815 BREAST (STAGING)
- 78815 LYMPHOMA
- 78815 HEAD & NECK
- 78815 LUNG (SINGLE PULMONARY NODULE)
- 78815 LUNG (STAGING) (NON SMALL CELL)
- 78815 CARDIAC VIABILITY
- 78815 COLORECTAL (STAGING)
- 78815 ESOPHAGEAL (STAGING)
- 78816 MELANOMA (STAGING)
- 78815 THYROID (STAGING)
- 78815 CERVICAL (STAGING)
- 78814 BRAIN - REFRACTORY SEIZURES
- 78608 BRAIN - ALZHEIMER'S
- 78814 BRAIN LIMITED
- OTHER - PLEASE SPECIFY: _____

INTERVENTION

Largo ONLY

- MR ARTHROGRAM
- Please Specify: _____
- 72240 CT MYELO - C-SPINE
 - 72255 CT MYELO - T-SPINE
 - 72265 CT MYELO - L-SPINE

DEXA

Largo ONLY

- 77080 BONE DENSITY
- Other

ULTRASOUND

- 76536 US HEAD/NECK
- 76645 US BREAST(s)
- 76700 US ABD COMPLETE
- 76705 US ABD LIMITED
- 76770 US RENAL/AORTA
- 76536 US THYROID

DIGITAL

MAMMOGRAPHY

Largo ONLY

- G0206 DIAG-UNILATERAL R or L
 - G0204 DIAG-BILATERAL
 - G0202 SCREENING
 - ADDITIONAL VIEW
- Please Specify: _____

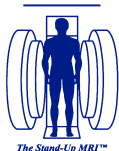
NUCLEAR MEDICINE

St. Pete ONLY

- 78607 BRAIN SPECT
- 78306/A9503 WHOLE BODY BONE SCAN
- 78320 BONE SCAN WITH SPECT
- 78223 HIDA SCAN
- 78223/A9537/J2805 HIDA SCAN WITH GBF
- 78472/A9560 MUGA SCAN (TO ASSESS LVEF)
- 78215 LIVER/SPLEEN SCAN
- 78010 THYROID SCAN ONLY
- 78006 1-131 THYROID SCAN/ UPTAKE
- 78007 1-123 THYROID SCAN/ UPTAKE
- 78070 PARATHYROID SCAN
- 78709/A4641/J1940 RENOGRAM W/LASIX
- A9551 DMSA RENAL SCAN
- 78588/A9567/A9540 VQ
- 78201/78205/A9560 RBC LIVER (HEMANGIOMA)
- A9556 GALLIUM SCAN
- 78264 GASTRIC EMPTYING
- OTHER - Please Specify: _____

FOR UPRIGHT OPEN MRI

St. Pete ONLY
Upright
MRI Protocol



With Flexion/Extension?
 Yes No

With Contrast?
 Yes No

Brain
Cervical
 Seated **OR** Standing

Thoracic
 Seated **OR** Standing

Lumbar
 Seated **OR** Standing

Shoulder Right Left

Hip Right Left

Knee Right Left

Other Region
Specify: _____

DIGITAL X-RAY

- 70220 SINUS
- 70260 SKULL 4V
- 74400 IVP
- 71020 CHEST 2V
- 71022 CHEST W/OB
- 71030 CHEST 4V MIN
- 71100 RIB 2V UNIL R or L
- 72040 C-SPINE 2/3V
- 72050 C-SPINE 4V MIN
- 72040 C-SPINE FLEX/EXT
- 72052 C-SPINE 7 SERIES
- 72070 T-SPINE 2V

Physician's notes / other procedures

Clinical History /DX / code: _____

THIS EXAM IS MEDICALLY NECESSARY FOR THIS PATIENT.

Physician Signature: _____

Please Print Name: _____

See Reverse Side for Important Information

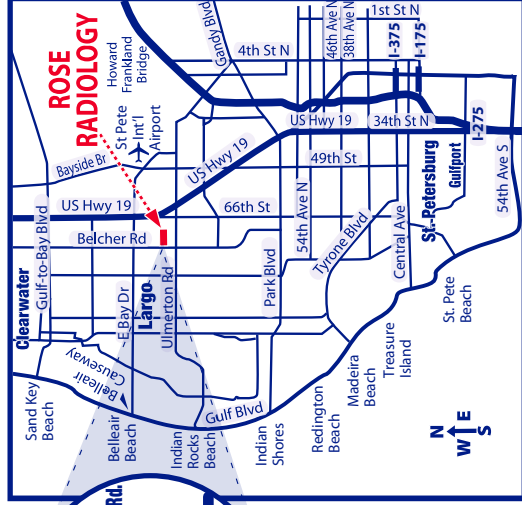
ROSE RADIOLOGY - LARGO

13787 South Belcher Road, Suite 300
Largo, FL 33771

Telephone: (727) 531-5444
Scheduling Fax: (727) 531-1122

- 1.5T MRI/MRA
- 16 SLICE CT/CTA
- DIGITAL X-RAY
- INTERVENTIONAL PROCEDURES
- DIGITAL MAMMOGRAPHY
- ULTRASOUND
- DEXA

Online Prescription: MRIROSE.com



2/10 of a mile North of Ulmerton Road on East side of Belcher Road. Just North of the Patio 2000 furniture store. 1.5 miles South of East Bay Drive.

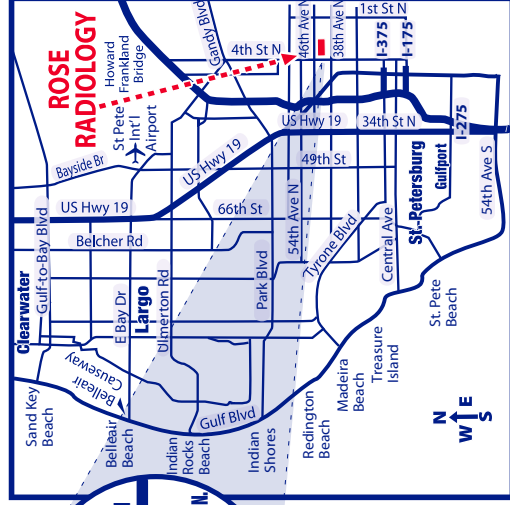
ROSE RADIOLOGY - ST. PETE

4551 4th Street North
St. Petersburg, FL 33703

Telephone: (727) 525-3800
Scheduling Fax: (727) 525-0999

- UPRIGHT OPEN MRI
- 16 SLICE CT/CTA
- PET/CT
- NUCLEAR MEDICINE
- DIGITAL X-RAY
- ULTRASOUND

Online Prescription: MRIROSE.com



8 blocks North of 38th Avenue North on 4th Street or 8 blocks South of 54th Avenue North on 4th Street Diagonally across from All Florida Orthopaedic Associates.

Diagnosis Codes (ICD-9)

- | | |
|--|---|
| <input type="checkbox"/> 441.4 A.A.A. | <input type="checkbox"/> 346.9 MIGRAINE |
| <input type="checkbox"/> 789.00 ABDOMEN PAIN | <input type="checkbox"/> 355.9 MONONEURITIS |
| <input type="checkbox"/> 789.07 ABDOMEN PAIN GENERALIZED | <input type="checkbox"/> 847.0 NECK SPRAIN |
| <input type="checkbox"/> 461 ACUTE SINUSITIS | <input type="checkbox"/> 729.2 NEURALGIA/NEURITIS |
| <input type="checkbox"/> 711.8 ARTHRITIS DIS | <input type="checkbox"/> 357.4 NEUROPATHY |
| <input type="checkbox"/> 724.5 BACK PAIN | <input type="checkbox"/> V71.1 OBSERVATION-LESION |
| <input type="checkbox"/> 723.4 BRACHIAL NEURITIS | <input type="checkbox"/> 433.10 OCC CA W/O INFARCTION |
| <input type="checkbox"/> 490 BRONCHITIS | <input type="checkbox"/> 433.3 OCC MULTI W/O INFARCTION |
| <input type="checkbox"/> 428.0 C.H.F. | <input type="checkbox"/> 715.06 OSTEOARTHRITIS KNEE |
| <input type="checkbox"/> 592.0 CALCULUS KIDNEY | <input type="checkbox"/> 715.90 OSTEOARTHRITIS SHOULDER |
| <input type="checkbox"/> 429.3 CARDIOMEGALY | <input type="checkbox"/> 715.98 OSTEOARTHRITIS-NOS |
| <input type="checkbox"/> 722.4 C-SPINE DISC DEGENERATION | <input type="checkbox"/> 719.43 PAIN-FOREARM |
| <input type="checkbox"/> 722.0 C-SPINE DISC DISPLACEMENT | <input type="checkbox"/> 719.44 PAIN-HAND |
| <input type="checkbox"/> 721.0 C-SPINE SPONDYLOSIS | <input type="checkbox"/> 719.46 PAIN-LEG |
| <input type="checkbox"/> 723.0 C-SPINE STENOSIS | <input type="checkbox"/> 729.5 PAIN-LIMB |
| <input type="checkbox"/> 723.1 C-SPINEGIA | <input type="checkbox"/> 719.45 PAIN-PELVIS |
| <input type="checkbox"/> 786.6 CHEST SWELLING/MASS | <input type="checkbox"/> 719.41 PAIN-SHOULDER |
| <input type="checkbox"/> 574.2 CHOLELITHIASIS | <input type="checkbox"/> 724.1 PAIN-T-SPINE |
| <input type="checkbox"/> 473.9 CHRONIC SINUSITIS | <input type="checkbox"/> 786.5 PAIN-CHEST |
| <input type="checkbox"/> 564.0 CONSTIPATION | <input type="checkbox"/> 518.3 PUL EDEMA |
| <input type="checkbox"/> 786.2 COUGH | <input type="checkbox"/> 786.09 RESPIRATORY ABNORMALITY |
| <input type="checkbox"/> 436 CVA | <input type="checkbox"/> 714.0 RHEUMATOID ARTHRITIS |
| <input type="checkbox"/> 611.72 DIAG MAMMO | <input type="checkbox"/> 727.61 ROTATOR CUFF INJURY |
| <input type="checkbox"/> 780.4 DIZZINESS/GIDDINESS | <input type="checkbox"/> 724.3 SCIATICA |
| <input type="checkbox"/> 785.6 ENLARGEMENT LYMPHNODES | <input type="checkbox"/> V76.12 SCREEN BREAST |
| <input type="checkbox"/> 780.6 FEVER | <input type="checkbox"/> 782.0 SKIN SENSATION DISTURB |
| <input type="checkbox"/> 784.0 HEADACHE | <input type="checkbox"/> 336.9 SPINAL CORD DISEASE |
| <input type="checkbox"/> 599.7 HEMATURIA | <input type="checkbox"/> 724.02 SPINAL STENOSIS |
| <input type="checkbox"/> 401.9 HYPERTENSION | <input type="checkbox"/> 756.12 SPONDYLOLISTHESIS |
| <input type="checkbox"/> 959.5 INJURY-FINGER | <input type="checkbox"/> 840.9 SPRAIN-ARM/SHOULDER |
| <input type="checkbox"/> 959.01 INJURY-HEAD | <input type="checkbox"/> 840.4 SPRAIN-ROTATOR CUFF |
| <input type="checkbox"/> 717.9 INT DERANG KNEE | <input type="checkbox"/> 784.2 SWELLING HEAD/NECK |
| <input type="checkbox"/> 718.81 INT DERANG SHOULDER | <input type="checkbox"/> 729.81 SWELLING-LIMB |
| <input type="checkbox"/> 431 INTER HEMORRHAGE | <input type="checkbox"/> 780.2 SYNCOPE/COLLAPSE |
| <input type="checkbox"/> 719.06 JOINT EFFUSION | <input type="checkbox"/> 836.0 TEAR-KNEE |
| <input type="checkbox"/> 722.10 LUM DISC DISPLACEMENT | <input type="checkbox"/> 307.81 TENSION HEADACHE |
| <input type="checkbox"/> 724.2 LUMBAGO | <input type="checkbox"/> 435.9 TRANS CEREB ISCHEMIA |
| <input type="checkbox"/> 847.2 L-SPINE SPRAIN | <input type="checkbox"/> 350.1 TRIGEMINAL NEURALGIA |
| <input type="checkbox"/> 724.4 LUMBOSACRAL NEURITIS | <input type="checkbox"/> 593.4 URETERIC OBSTRUCTION |
| <input type="checkbox"/> 202.81 LYMPHOMA | <input type="checkbox"/> OTHER |

PET/CT

*ST. PETE ONLY

Medicare Approved Indications

- Alzheimer's Disease
- Cardiac/Myocardial viability
- Primary or initial diagnosis prior to revascularization
- After Inconclusive SPECT
- Breast Cancer (Stating or Restaging)Cervical
- Cancer
- Colorectal Cancer
- Esophageal Cancer
- Head and neck - Excluding CNS and thyroid
- Single Pulmonary Nodule (SPN)
- Lung Cancer - Non-small cell
- Lymphoma
- Melanoma
- Refractory Seizures
- Thyroid Cancer

Other Indications:

- Ovarian Cancer
- Uterine Cancer
- Prostate Cancer
- Bladder Cancer
- Hepatocellular Cancer
- Cholangiocarcinoma
- Pancreatic Cancer
- Renal Cell Cancer
- Testicular Cancer
- Bone Tumor
- Brain Tumor
- Epilepsy
- Other Dementia (Multi-Infarct, post-Traumatic, HIV, Frontal Lobe, Pick's Disease, Huntington's Disease)
- Other

Please Select One: Diagnosis Staging Restaging