

BOOT RANCH
 4133 Woodlands Parkway
 Palm Harbor, FL 34685
Telephone: (727) 781-3888
Scheduling Fax: (727) 785-0291

ROSE RADIOLOGY

 "Make Quality Radiology Your Choice"
ONLINE PRESCRIPTION: MRIROSE.COM

TRINITY
 2144 Duck Slough Boulevard, Ste.102
 Trinity, FL 34655
Telephone: (727) 375-8880
Scheduling Fax: (727) 375-8887

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

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
- MRI OTHER
Please Specify: _____

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 THORACIC AORTA
- 71555 MRA SUBCLAVIAN
- 74185 MRA RENAL
- MRA Other
Please Specify: _____

- MRV
Please Specify: _____

CT ANGIOGRAPHY W/MR

- 70496 HEAD
- 70498 NECK/SOFT TISSUE NECK
- 71275 CHEST
- 72191 PELVIS
- 73206 UPPER EXT. R or L
- 73706 LOWER EXT. R or L
- 74175 ABDOMINAL
ABD, AORTA/PELVIS
& BILAT I.A. RUNOFF
- 71250 CT THORAX (w/o)
- 71260 CT THORAX (w)

- 71270 CT THORAX (w-w/o)
 - CT OTHER - Please Specify: _____
- CT SCAN W/MR**
- 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: _____

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
- 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
- 73560 KNEE 2V R or L
- 73562 KNEE 3V R or L
- 73590 TIB/FIB R or L
- 73600 ANKLE 2V R or L
- 73810 ANKLE 3V R or L
- 73620 FOOT 2V R or L
- 73630 FOOT 3V R or L
- 73650 CALCANEUS R or L
- 73660 TOES 2V R or L
- 73120 HAND 2V R or L
- 73130 HAND 3V R or L
- 73100 WRIST 2V R or L
- 73110 WRIST 3V R or L
- 73090 FOREARM 2V R or L
- 73030 SHOULDER 2V R or L
- 73030 SHOULDER 3V 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: _____

DEXA

Boot Ranch ONLY

- 77080 BONE DENSITY
- Other

INTERVENTION

Boot Ranch ONLY

- MR ARTHROGRAM
- Please Specify: _____

- 72240 CT MYELO - C-SPINE
- 72255 CT MYELO - T-SPINE
- 72265 CT MYELO - L-SPINE

ULTRASOUND

- 76536 US HEAD/NECK
- 76645 US BREAST(s)
- 76700 US ABD COMPLETE
- 76705 US ABD LIMITED
- 76770 US RENAL/AORTA
- 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 LWR EXT ART BILAT
- 93926 LWR EXT ART UNI
- 93930 UPPER EXT ART BILAT
- 93931 UPPER EXT ART UNI
- 93970 US VEN EXT BILAT
- 93971 US VEN EXT UNI
- 93976 US ABD/PELVIS LIMIT DUPLEX
- 93978 US AORTIC/IVC
- OTHER - Please Specify: _____

DIGITAL MAMMOGRAPHY

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

FOR UPRIGHT OPEN MRI

Boot Ranch 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: _____

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 - BOOT RANCH

4133 Woodlands Parkway

Palm Harbor, FL 34685

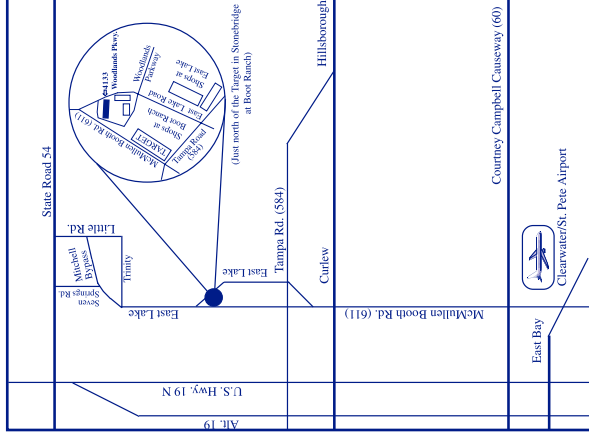
Telephone: (727) 781-3888

Scheduling Fax: (727) 785-0291

Toll Free: 1-877-MRI-ROSE

(1-877-674-7673)

- UPRIGHT MULTI-POSITIONAL OPEN MRI
- HIGH FIELD CARDIOVASCULAR MRI
- 16 SLICE CT/CTA
- DIGITAL X-RAY
- DEXA
- ULTRASOUND
- DIGITAL MAMMOGRAPHY
- FLUOROSCOPY/INTERVENTION



ROSE RADIOLOGY - TRINITY

2144 Duck Slough Blvd. Suite 102

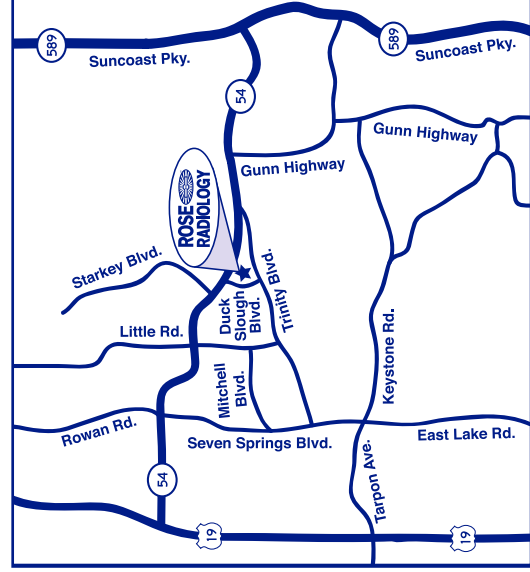
Trinity, FL 34655

Telephone: (727) 375-8880

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- HIGH FIELD MRI
- MULTI-SLICE CT
- DIGITAL X-RAY
- ULTRASOUND
- MAMMOGRAPHY

Online Prescription: MRIROSE.com



Diagnosis Codes (ICD-9)

- | | | | |
|----------|---------------------------|----------|--------------------------|
| □ 441.4 | A.A.A. | □ 355.9 | MONONEURITIS |
| □ 789.00 | ABDOMEN PAIN | □ 847.0 | NECK SPRAIN |
| □ 789.07 | ABDOMEN PAIN GENERALIZED | □ 729.2 | NEURALGIA/NEURITIS |
| □ 461 | ACUTE SINUSITIS | □ 357.4 | NEUROPATHY |
| □ 711.8 | ARTHRITIS DIS | □ V71.1 | OBSERVATION-LESION |
| □ 724.5 | BACK PAIN | □ 433.10 | OCC CA W/O INFARCTION |
| □ 723.4 | BRACHIAL NEURITIS | □ 433.3 | OCC MULTI W/O INFARCTION |
| □ 490 | BRONCHITIS | □ 715.96 | OSTEOARTHRITIS KNEE |
| □ 428.0 | C.H.F. | □ 715.91 | OSTEOARTHRITIS SHOULDER |
| □ 592.0 | CALCULUS KIDNEY | □ 715.9 | OSTEOARTHRITIS-NOS |
| □ 429.3 | CARDIOMEGALY | □ 719.43 | PAIN-FOREARM |
| □ 722.4 | C-SPINE DISC DEGENERATION | □ 719.44 | PAIN-HAND |
| □ 722.0 | C-SPINE DISC DISPLACEMENT | □ 719.46 | PAIN-LEG |
| □ 721.0 | C-SPINE SPONDYLOSIS | □ 729.5 | PAIN-LIMB |
| □ 723.0 | C-SPINE STENOSIS | □ 719.45 | PAIN-PELVIS |
| □ 723.1 | C-SPINEGIA | □ 719.41 | PAIN-SHOULDER |
| □ 786.6 | CHEST SWELLING/MASS | □ 724.1 | PAIN-T-SPINE |
| □ 574 | CHOLELITHIASIS | □ 786.5 | PAIN-CHEST |
| □ 473.9 | CHRONIC SINUSITIS | □ 518.3 | PUL EDEMA |
| □ 564.0 | CONSTIPATION | □ 786.09 | RESPIRATORY ABNORMALITY |
| □ 786.2 | COUGH | □ 714.0 | RHEUMATOID ARTHRITIS |
| □ 436 | CVA | □ 727.61 | ROTATOR CUFF INJURY |
| □ 611.72 | DIAG MAMMO | □ 724.3 | SCIATICA |
| □ 780.4 | DIZZINESS/GIDDINESS | □ V76.12 | SCREEN BREAST |
| □ 785.6 | ENLARGEMENT LYMPHNODES | □ 782.0 | SKIN SENSATION DISTURB |
| □ 780.6 | FEVER | □ 336.9 | SPINAL CORD DISEASE |
| □ 784.0 | HEADACHE | □ 724.02 | SPINAL STENOSIS |
| □ 599.7 | HEMATURIA | □ 756.12 | SPONDYLOLISTHESIS |
| □ 401.9 | HYPERTENSION | □ 840.9 | SPRAIN-ARM/SHOULDER |
| □ 959.5 | INJURY-FINGER | □ 840.4 | SPRAIN-ROTATOR CUFF |
| □ 959.01 | INJURY-HEAD | □ 784.2 | SWELLING HEAD/NECK |
| □ 717.9 | INT DERANG KNEE | □ 729.81 | SWELLING-LIMB |
| □ 718.81 | INT DERANG SHOULDER | □ 780.2 | SYNOPE/COLLAPSE |
| □ 431 | INTER HEMORRHAGE | □ 836.0 | TEAR-KNEE |
| □ 719.06 | JOINT EFFUSION | □ 307.81 | TENSION HEADACHE |
| □ 722.10 | LUM DISC DISPLACEMENT | □ 435.9 | TRANS CEREB ISCHEMIA |
| □ 724.2 | LUMBAGO | □ 350.1 | TRIGEMINAL NEURALGIA |
| □ 847.2 | L-SPINE SPRAIN | □ 593.4 | URETERIC OBSTRUCTION |
| □ 724.4 | LUMBOSACRAL NEURITIS | | OTHER _____ |
| □ 202.81 | LYMPHOMA | | |
| □ 346.9 | MIGRAINE | | |