

- Obtain Insurance Authorization
- Call Patient to Schedule
- Wet Read

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

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

Clinical Diagnosis / Symptoms (Required): _____

Appt. Date: _____ Time: _____ Primary Care #: _____

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

- #### MRI
- Contrast Yes No
- 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)
 - 74181 MRI LIVER
 - 73221 MRI SHOULDER R/L (w/o)
 - 73223 MRI SHOULDER R/L (w-w/o)
 - 73221 MRI ELBOW R/L (w/o)
 - 73223 MRI ELBOW R/L (w-w/o)
 - 73221 MRI WRIST R/L (w/o)
 - 73223 MRI WRIST R/L (w-w/o)
 - 73218 MRI HAND R/L (w/o)
 - 73220 MRI HAND R/L (w-w/o)
 - 73721 MRI HIP R/L (w/o)
 - 73723 MRI HIP R/L (w-w/o)
 - 73721 MRI KNEE/JNT R/L (w/o)
 - 73723 MRI KNEE/JNT R/L (w-w/o)
 - 73721 MRI ANKLE R/L (w/o)
 - 73723 MRI ANKLE R/L (w-w/o)
 - 73718 MRI FOOT R/L (w/o)
 - 73720 MRI FOOT R/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 T-SPINE-AORTA
 - 71555 MRA SUBCLAVIAN
 - 74185 MRA RENAL
 - MRA Other
- Please Specify: _____
-
- MRV
- Please Specify: _____

- #### CT ANGIOGRAPHY
- 70496 HEAD w/mpr
 - 70498 NECK/SOFT TISSUE NECK w/mpr
 - 71275 CHEST w/mpr
 - 72191 PELVIS w/mpr
 - 73206 UPPER EXT.w/mpr R/L
 - 73706 LOWER EXT.w/mpr R/L
 - 74175 ABDOMINAL w/mpr 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: _____

- #### CAT SCAN
- Contrast Yes No
- 70450 CT HEAD/BRAIN (w/o) mpr
 - 70460 CT HEAD/BRAIN (w) mpr
 - 70470 CT HEAD/BRAIN (w-w/o) mpr
 - 70480 CT ORBITS (w/o) mpr
 - 70481 CT ORBITS (w) mpr
 - 70482 CT ORBITS (w-w/o) mpr
 - 70480 CT IAC'S (w/o) mpr
 - 70481 CT IAC'S (w) mpr
 - 70482 CT IAC'S (w-w/o) mpr
 - 70490 CT SOFT TISSUE NECK (w/o) mpr
 - 70491 CT SOFT TISSUE NECK (w) mpr

- 70492 CT SOFT TISSUE NECK (w-w/o) mpr
 - 70486 CT SINUS
 - 70486 CT FACIAL BONES
 - 71250 CT CHEST (w/o) mpr
 - 71260 CT CHEST (w) mpr
 - 71270 CT CHEST (w-w/o) mpr
 - 74150 CT ABDO (w/o) mpr
 - 74160 CT ABDO (w) mpr
 - 74170 CT ABDO (w-w/o) mpr
 - 72103 CT PELVIS (w) mpr
 - 72194 CT PELVIS (w-w/o) mpr
 - 72192 CT PELVIS (w/o) mpr
 - 72125 CT C-SPINE (w/o) mpr
 - 72126 CT C-SPINE (w) mpr
 - 72127 CT C-SPINE (w-w/o) mpr
 - 72128 CT T-SPINE (w/o) mpr
 - 72129 CT T-SPINE (w) mpr
 - 72130 CT T-SPINE (w-w/o) mpr
 - 72131 CT L-SPINE (w/o) mpr
 - 72132 CT L-SPINE (w) mpr
 - 72133 CT L-SPINE (w-w/o) mpr
 - 73200 CT SHOULDER R/L (w/o)
 - 73201 CT SHOULDER R/L (w)
 - 73202 CT SHOULDER R/L (w-w/o)
 - 73200 CT ELBOW R/L (w/o)
 - 73201 CT ELBOW R/L (w)
 - 73202 CT ELBOW R/L (w-w/o)
 - 73200 CT WRIST R/L (w/o)
 - 73201 CT WRIST R/L (w)
 - 73202 CT WRIST R/L (w-w/o)
 - 73200 CT HAND R/L (w/o)
 - 73201 CT HAND R/L (w)
 - 73202 CT HAND R/L (w-w/o)
 - 73700 CT HIP R/L (w/o)
 - 73701 CT HIP R/L (w)
 - 73702 CT HIP R/L (w-w/o)
 - 73700 CT KNEE R/L (w/o)
 - 73701 CT KNEE R/L (w)
 - 73702 CT KNEE R/L (w-w/o)
 - 73700 CT ANKLE R/L (w/o)
 - 73701 CT ANKLE R/L (w)
 - 73702 CT ANKLE R/L (w-w/o)
 - 73700 CT FOOT R/L (w/o)
 - 73701 CT FOOT R/L (w)
 - 73702 CT FOOT R/L (w-w/o)
- OTHER - Please Specify: _____

- #### X-RAY
- 70220 SINUS
 - 70260 SKULL 4V
 - 74400 IVP
 - 71010 CHEST
 - 71020 CHEST 2V
 - 71022 CHEST W/OB
 - 71030 CHEST 4V MIN
 - 71100 RIB 2V UNIL R/L
 - 72040 C-SPINE 2/3V
 - 72050 C-SPINE 4V MIN
 - 72040 C-SPINE FLEX/EXT
 - 72050 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/L
 - 73550 FEMUR 2V R/L
 - 73560 KNEE 2V R/L
 - 73562 KNEE 3V R/L
 - 73590 TIB/FIB R/L
 - 73600 ANKLE 2V R/L
 - 73810 ANKLE 3V R/L
 - 73620 FOOT 2V R/L
 - 73630 FOOT 3V R/L
 - 73650 CALCANEUS
 - 73660 TOES 2V
 - 74000 ABD 2V (Flat & upright)
 - 74000 ABD 1V KUB
 - 77072 BONE AGE
 - 73020 SHOULDER 1V R/L
 - 73030 SHOULDER 2V
 - 73060 HUMERUS R/L
 - 77075 BONE SURVEY
 - OTHER - Please Specify: _____

- #### DEXA
- 77080 BONE DENSITY
 - Other

- #### INTERVENTION
- *Boot Ranch ONLY**
- MR ARTHROGRAM
- Please Specify: _____
-
- C-SPINE ESI LEVEL

- T-SPINE ESI LEVEL
 - L-SPINE ESI LEVEL
 - 64470 FACET INJECT-C SPINE LEVEL
 - 64470 FACET INJECT-T SPINE LEVEL
 - 64475 FACET INJECT-L SPINE LEVEL
 - TRIGGER POINTS INJ
- Please Specify: _____

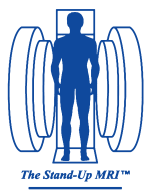
- 72240 CT MYELO - C-SPINE
- 72255 CT MYELO - T-SPINE
- 72265 CT MYELO - L-SPINE

- #### 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: _____

- #### MAMMOGRAPHY
- 77055 DIAG-UNILATERAL
 - 77056 DIAG-BILATERAL
 - 77057 SCREENING
 - ADDITIONAL VIEW
- Please Specify: _____

FOR OUR "HIGH FIELD" STAND-UP OPEN MRI OR CLAUSTROPHOBIC PATIENTS USE THIS SECTION

*Boot Ranch ONLY Stand-Up MRI Protocol



With Contrast? Yes No

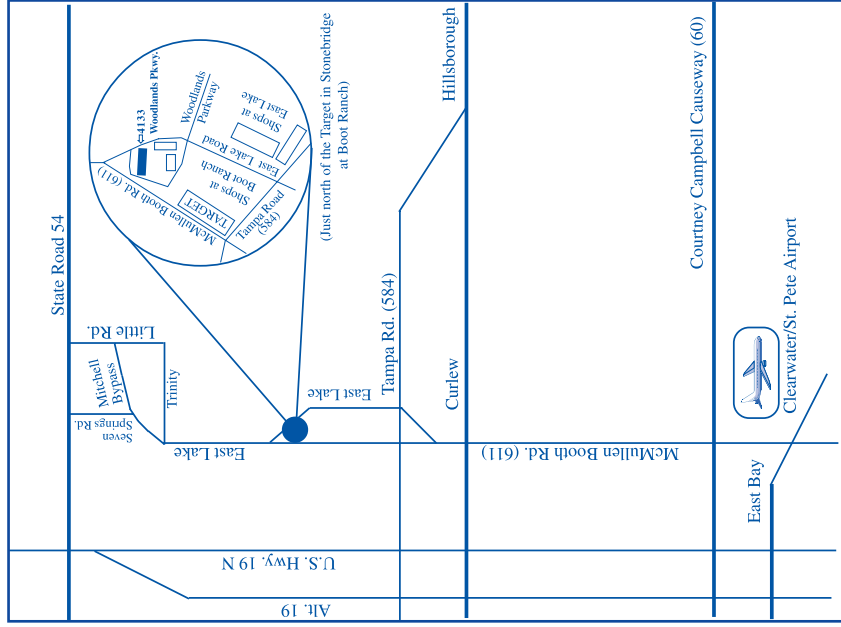
Brain	<input type="checkbox"/> Routine <input type="checkbox"/> IACs <input type="checkbox"/> Orbits <input type="checkbox"/> Other _____
Cervical	<input type="checkbox"/> Seated OR <input type="checkbox"/> Standing <input type="checkbox"/> Flexion <input type="checkbox"/> Extension OR <input type="checkbox"/> Recumbent <input type="checkbox"/> Other: _____
Thoracic	<input type="checkbox"/> Seated OR <input type="checkbox"/> Standing <input type="checkbox"/> Flexion <input type="checkbox"/> Extension OR <input type="checkbox"/> Recumbent <input type="checkbox"/> Other: _____
Lumbar	<input type="checkbox"/> Seated OR <input type="checkbox"/> Standing <input type="checkbox"/> Flexion <input type="checkbox"/> Extension OR <input type="checkbox"/> Recumbent <input type="checkbox"/> Other: _____
Shoulder	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> MR Arthrogram
Hip	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> MR Arthrogram
Knee	<input type="checkbox"/> Right <input type="checkbox"/> Left
Other Region	<input type="checkbox"/> Specify _____

Physician's notes / other procedures

Clinical History /DX / code: _____
THIS EXAM IS MEDICALLY NECESSARY FOR THIS PATIENT.
 Physician Signature: _____
 Please Print Name: _____

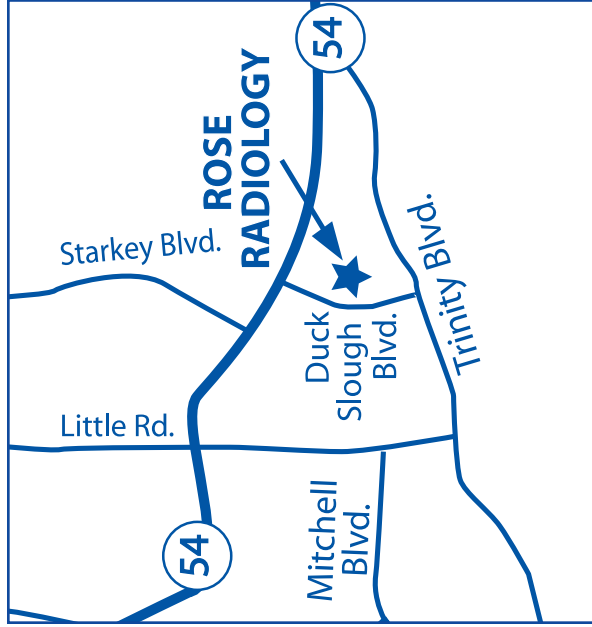
ROSE RADIOLOGY - BOOT RANCH

4133 Woodlands Parkway
Palm Harbor, FL 34685
Phone: (727) 781-3888
Fax (727) 781-3881
Toll Free 1-877-MRI-ROSE
(1-877-674-7673)
High Field Cardiovascular
& Stand Up MRI in
One Location!



ROSE RADIOLOGY - TRINITY

2144 Duck Slough Blvd.
Suite 102
Trinity, FL 34655
Scheduling:
(727) 375-8880
Fax: (727) 375-8887



Diagnosis Codes (ICD-9)

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