

**EAST PASCO**  
6900 Gall Boulevard  
Zephyrhills, FL 33542  
**Telephone: (813) 783-6736**  
**Scheduling Fax: (813) 788-4299**



**Online Prescription: MRIROSE.COM**

**WESLEY CHAPEL**  
27662 Cashford Circle  
Wesley Chapel, FL 33543  
**Telephone: (813) 788-2500**  
**Scheduling Fax: (813) 788-2922**

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)
  - OTHER - Please Specify: \_\_\_\_\_

- 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
- OTHER - Please Specify: \_\_\_\_\_
- MRV - Please Specify: \_\_\_\_\_

- CT SCAN W/MPR**
- 70450 CT HEAD/BRAIN (w/o)
  - 70470 CT HEAD/BRAIN (w-w/o)
  - 70480 CT ORBITS (w/o)
  - 70482 CT ORBITS (w-w/o)
  - 70480 CT IAC'S (w/o)
  - 70482 CT IAC'S (w-w/o)
  - 70490 CT SOFT TISSUE NECK (w/o)
  - 70492 CT SOFT TISSUE NECK (w-w/o)
  - 70486 CT SINUS
  - 70486 CT FACIAL BONES
  - 71250 CT CHEST (w/o)
  - 71270 CT CHEST (w-w/o)
  - 74150 CT ABDOMEN (w/o)
  - 74170 CT ABDOMEN (w-w/o)
  - 74192 CT PELVIS (w/o)
  - 74194 CT PELVIS (w-w/o)
  - 74176 CT ABD/PELVIS (w/o)
  - 74178 CT ABD/PELVIS (w-w/o)
  - 72125 CT C-SPINE (w/o)
  - 72127 CT C-SPINE (w-w/o)
  - 72128 CT T-SPINE (w/o)
  - 72130 CT T-SPINE (w-w/o)
  - 72131 CT L-SPINE (w/o)
  - 72133 CT L-SPINE (w-w/o)
  - 73200 CT SHOULDER R or L (w/o)
  - 73202 CT SHOULDER R or L (w-w/o)
  - 73200 CT ELBOW R or L (w/o)
  - 73202 CT ELBOW R or L (w-w/o)
  - 73200 CT WRIST R or L (w/o)
  - 73202 CT WRIST R or L (w-w/o)
  - 73200 CT HAND R or L (w/o)
  - 73202 CT HAND R or L (w-w/o)
  - 73700 CT HIP R or L (w/o)
  - 73702 CT HIP R or L (w-w/o)
  - 73700 CT KNEE R or L (w/o)

- 73702 CT KNEE R or L (w-w/o)
- 73700 CT ANKLE R or L (w/o)
- 73702 CT ANKLE R or L (w-w/o)
- 73700 CT FOOT R or L (w/o)
- 73702 CT FOOT R or L (w-w/o)
- OTHER - Please Specify: \_\_\_\_\_

- CT ANGIOGRAPHY W/MPR**
- 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
  - 71270 CT THORAX
  - 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
- 74000 ABD 2V (Flat & upright)
- 74000 ABD 1V KUB
- 77072 BONE AGE
- 73030 SHOULDER 2V R or L
- 73060 HUMERUS R or L
- 77075 BONE SURVEY
- OTHER - Please Specify: \_\_\_\_\_

- DEXA**
- 77080 BONE DENSITY
  - OTHER - Please Specify: \_\_\_\_\_

- 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: \_\_\_\_\_

- MRA**  
**East Pasco Only**
- 70544 MRA HEAD
  - 70549 MRA CAROTIDS
  - 71555 MRA PULMONARY

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**

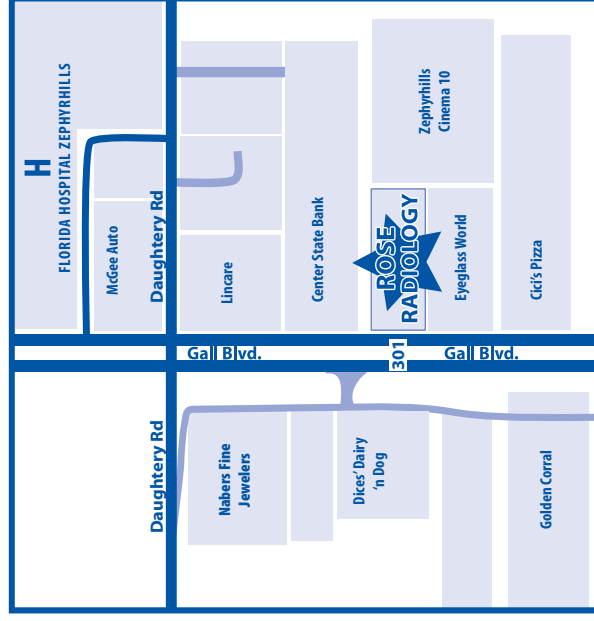
# ROSE RADIOLOGY - EAST PASCO

6900 Gall Boulevard  
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- 1.5T HIGH FIELD MRI
- OPEN MRI
- MULTI-SLICE CT
- DIGITAL X-RAY
- DIGITAL MAMMOGRAPHY
- ULTRASOUND
- DEXA

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WE ARE LOCATED AT 6900 GALL BOULEVARD, ONE BLOCK SOUTH OF THE HOSPITAL  
RIGHT NEXT TO EYEGLASS WORLD IN FRONT OF ZEPHYRHILLS CINEMA.

## 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"/> 715.06 OSTEOARTHROS KNEE       |
| <input type="checkbox"/> 428.0 C.H.F.                     | <input type="checkbox"/> 715.90 OSTEOARTHROS SHOULDER   |
| <input type="checkbox"/> 592.0 CALCULUS KIDNEY            | <input type="checkbox"/> 715.98 OSTEOARTHROS-NOS        |
| <input type="checkbox"/> 429.3 CARDIOMEGALY               | <input type="checkbox"/> 719.43 PAIN-FORARM             |
| <input type="checkbox"/> 722.4 CERVICAL DISC DEGENERATION | <input type="checkbox"/> 719.44 PAIN-HAND               |
| <input type="checkbox"/> 722.0 CERVICAL DISC DISPLACEMENT | <input type="checkbox"/> 719.46 PAIN-LEG                |
| <input type="checkbox"/> 721.0 CERVICAL SPONDYLOSIS       | <input type="checkbox"/> 729.5 PAIN-LIMB                |
| <input type="checkbox"/> 723.0 CERVICAL STENOSIS          | <input type="checkbox"/> 719.45 PAIN-PELVIS             |
| <input type="checkbox"/> 723.1 CERVICALGIA                | <input type="checkbox"/> 719.41 PAIN-SHOULDER           |
| <input type="checkbox"/> 786.6 CHEST SWELLING/MASS        | <input type="checkbox"/> 724.1 PAIN-THORACIC            |
| <input type="checkbox"/> 574.2 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 SPONDYLOLISTHESIS       |
| <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 LUMBAR SPRAIN              | <input type="checkbox"/> 593.4 URETERIC OBSTRUCTION     |
| <input type="checkbox"/> 724.4 LUMBOSACRAL NEURITIS       | <input type="checkbox"/> OTHER                          |
| <input type="checkbox"/> 202.81 LYMPHOMAS                 |   |
| <input type="checkbox"/> 346.9 MIGRAINE                   |   |

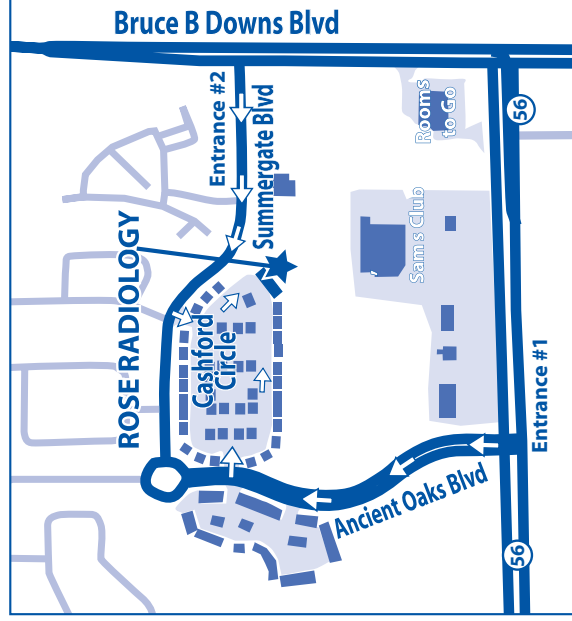
# ROSE RADIOLOGY - WESLEY CHAPEL

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NOTE: Summergeate Professional Park is NOT accessible  
through the Sam's Club parking lot