

EAST PASCO
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Zephyrhills, FL 33542
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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: _____

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

- DIGITAL MAMMOGRAPHY**
- G0206 DIAG-UNILATERAL R OR L
 - G0204 DIAG-BILATERAL
 - G0202 SCREENING
 - ADDITIONAL VIEW - Please 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