

# SARASOTA

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# ROSE RADIOLOGY

"Make Quality Radiology Your Choice"

ONLINE PRESCRIPTION: MRIROSE.COM

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

### HIGH-FIELD 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)
- 77058 MRI BREAST UNILATERAL R or L
- 77059 MRI BREAST BILATERAL
- 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: \_\_\_\_\_

### MRA

- 70544 MRA HEAD
- 70549 MRA CAROTIDS
- 74185 MRA ABD-AORTA
- 71555 MRA THORACIC AORTA
- 74185 MRA RENAL
- OTHER - Please Specify: \_\_\_\_\_

### CT SCAN W/MPR

#### Sarasota Only

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

- 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
- 73030 SHOULDER 3V R or L
- 73060 HUMERUS R or L
- 77075 BONE SURVEY
- OTHER - Please Specify: \_\_\_\_\_

### DEXA

#### Sarasota Only

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

### ULTRASOUND

#### Sarasota Only

- 76536 US HEAD/NECK
- 76645 US BREAST(s)
- 76700 US ABD COMPLETE
- 76705 US ABD LIMITED
- 76770 US RENAL/AORTA
- 76536 US THYROID
- 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
- 93971 US VEN EXT UNI
- 93976 US ABD/PELVIS LIMIT DUPLEX
- 93978 US AORTIC/IVC
- 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
- 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 or L
- 73550 FEMUR 2V R or L

### FOR UPRIGHT OPEN MRI

## Sarasota 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