

# LARGO

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# ST. PETE

4551 4th Street North  
St. Petersburg, FL 33703

Telephone: (727) 525-3800  
Scheduling Fax: (727) 525-0999

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

### 1.5T MRI

Largo ONLY

- With & Without Contrast
- With Contrast Only
- Without Contrast
- 70553 MRI BRAIN
- 70543 MRI ORBITS
- 70543 MRI IAC'S
- 70543 MRI SOFT TISSUE NECK
- 70553 MRI PITUITARY
- 70336 MRI BILAT TMJ
- 72156 MRI C-SPINE
- 72157 MRI T-SPINE
- 72158 MRI L-SPINE
- 71552 MRI CHEST
- 74183 MRI ABDOMEN
- 72197 MRI PELVIS
- 74183 MRI LIVER
- 73223 MRI SHOULDER R or L
- 73223 MRI ELBOW R or L
- 73223 MRI WRIST R or L
- 73220 MRI HAND R or L
- 73723 MRI HIP R or L
- 73723 MRI KNEE/JNT R or L
- 73723 MRI ANKLE R or L
- 73720 MRI FOOT R or L
- 72240 MYELO - C-SPINE
- 72255 MYELO - T-SPINE
- 72265 MYELO - L-SPINE
- ARTHROGRAM R or L
- MRI BREAST R or L
- OTHER - Please Specify: \_\_\_\_\_

### ST. PETE MRA

- 70544 MRA HEAD
- 70549 MRA CAROTIDS

### LARGO MRA

- With & Without Contrast
- With Contrast Only
- Without Contrast
- 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
- 71555 MRA RENAL
- MRA Other - Please Specify: \_\_\_\_\_

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

MRCP

### 16-SLICE CT SCAN W/MPR

- With & Without Contrast
- With Contrast Only
- Without Contrast
- 70470 CT HEAD/BRAIN
- 70482 CT ORBITS
- 70482 CT IAC'S
- 70492 CT SOFT TISSUE NECK
- 70486 CT SINUS
- 70486 CT FACIAL BONES
- 71270 CT CHEST
- 74176 CT ABD/PELVIS
- 72127 CT C-SPINE
- 72130 CT T-SPINE
- 72133 CT L-SPINE
- 73202 CT SHOULDER R or L
- 73202 CT ELBOW R or L
- 73202 CT WRIST R or L
- 73202 CT HAND R or L
- 73702 CT HIP R or L
- 73702 CT KNEE R or L
- 73702 CT ANKLE R or L
- 73702 CT FOOT R or L
- 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
- 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
- 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: \_\_\_\_\_

### PET/CT

St. Pete ONLY

- 78815 BREAST (STAGING)
- 78815 LYMPHOMA
- 78815 HEAD & NECK
- 78815 LUNG (SINGLE PULMONARY NODULE)

- 78815 LUNG (STAGING) (NON SMALL CELL)
- 78815 CARDIAC VIABILITY
- 78815 COLORECTAL (STAGING)
- 78815 ESOPHAGEAL (STAGING)
- 78816 MELANOMA (STAGING)
- 78815 THYROID (STAGING)
- 78815 CERVICAL (STAGING)
- 78814 BRAIN - REFRACTORY SEIZURES
- 78608 BRAIN - ALZHEIMER'S
- 78814 BRAIN LIMITED
- OTHER - Please Specify: \_\_\_\_\_

### INTERVENTION

Largo ONLY

- MR ARTHROGRAM
- Please Specify: \_\_\_\_\_

- C-SPINE ESI LEVEL \_\_\_\_\_

- T-SPINE ESI LEVEL \_\_\_\_\_

- L-SPINE ESI LEVEL \_\_\_\_\_

- FACET INJECT-C SPINE LEVEL \_\_\_\_\_

- FACET INJECT-T SPINE LEVEL \_\_\_\_\_

- FACET INJECT-L SPINE LEVEL \_\_\_\_\_

- TRIGGER POINTS INJ
- Please Specify: \_\_\_\_\_

- CT MYELO - C-SPINE
- CT MYELO - T-SPINE
- CT MYELO - L-SPINE

### DEXA

Largo ONLY

- 77080 BONE DENSITY
- OTHER

### 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

Largo ONLY

- G0206 DIAG-UNILATERAL R OR L
  - G0204 DIAG-BILATERAL
  - G0202 SCREENING
  - ADDITIONAL VIEW
- Please Specify: \_\_\_\_\_

### NUCLEAR MEDICINE

St. Pete ONLY

- 78607 BRAIN SPECT
- 78306/A9503 WHOLE BODY BONE SCAN
- 78320 BONE SCAN WITH SPECT
- 78223 HIDA SCAN
- 78223/A9537/J2805 HIDA SCAN WITH GBF
- 78472/A9560 MUGA SCAN (TO ASSESS LVEF)
- 78215 LIVER/SPLEEN SCAN
- 78010 THYROID SCAN ONLY
- 78006 1-131 THYROID SCAN/UPTAKE
- 78007 1-123 THYROID SCAN/UPTAKE
- 78070 PARATHYROID SCAN
- 78709/A4641/J1940 RENOGRAM W/LASIX
- A9551 DMSA RENAL SCAN
- 78588/A9567/A9540 VQ
- 78201/78205/A9560 RBC LIVER (HEMANGIOMA)
- A9556 GALLIUM SCAN
- 78264 GASTRIC EMPTYING
- OTHER - Please Specify: \_\_\_\_\_

## FOR UPRIGHT OPEN MRI

### St. Pete 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

