

RIVERVIEW
7239 US Highway 301 South
Riverview, FL 33578

Telephone: (813) 677-2020
Scheduling Fax: (813) 677-3888



"Make Quality Radiology Your Choice"™

Online Prescription: MRIROSE.COM

BRANDON
1220 Oakfield Drive
Brandon, FL 33511

Telephone: (813) 655-1144
Scheduling Fax: (813) 655-1511

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

Riverview ONLY

- 70551 MRI BRAIN (w/o)
- 70553 MRI BRAIN (w-w/o)
- 70543 MRI ORBITS (w-w/o)
- 70543 MRI IAC'S (w-w/o)
- 70543 MRI SOFT TISSUE NECK (w-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)
- 72240 MYELO - C-SPINE
- 72255 MYELO - T-SPINE
- 72265 MYELO - L-SPINE
- OTHER - Please Specify: _____

MRA

Riverview & Brandon

- 70544 MRA HEAD
- 70549 MRA CAROTIDS

MRA

Riverview ONLY

- 71555 MRA PULMONARY
- 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
- MRA Other
Please Specify: _____

- MRV
Please Specify: _____

CT ANGIOGRAPHY W/MPR

Riverview ONLY

- 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
- 71250 CT THORAX (w/o)
- 71260 CT THORAX (w)
- 71270 CT THORAX (w-w/o)
- OTHER - Please Specify: _____

CT SCAN W/MPR

Riverview ONLY

- 70450 CT HEAD/BRAIN (w/o)
- 70460 CT HEAD/BRAIN (w)
- 70470 CT HEAD/BRAIN (w-w/o)
- 70480 CT ORBITS (w/o)
- 70480 CT IAC'S (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
- 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)
- 72128 CT T-SPINE (w/o)
- 72131 CT L-SPINE (w/o)
- 73200 CT SHOULDER R or L (w/o)

- 73200 CT ELBOW R or L (w/o)
- 73200 CT WRIST R or L (w/o)
- 73700 CT HIP R or L (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)
- OTHER - Please Specify: _____

DIGITAL X-RAY

- 70220 SINUS
- 70260 SKULL 4V
- 74400 IVP **Riverview ONLY**
- 71010 CHEST 1V
- 71020 CHEST 2V
- 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 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

Riverview ONLY

- 77080 BONE DENSITY

ULTRASOUND

Riverview ONLY

- 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: _____

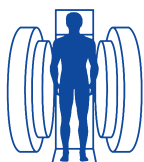
DIGITAL MAMMOGRAPHY

Riverview ONLY

- G0206 DIAG-UNILATERAL R or L
- G0204 DIAG-BILATERAL
- G0202 SCREENING
- ADDITIONAL VIEW
- Please Specify: _____

FOR UPRIGHT OPEN MRI

Brandon 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: _____

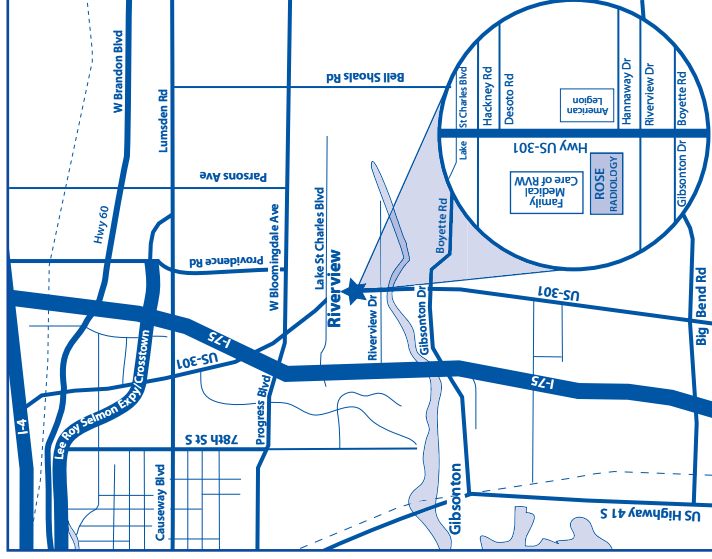
See Reverse Side for Important Information

ROSE RADIOLOGY - RIVERVIEW

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- 1.5T MRI/MRA
- 16 SLICE CT/CTA
- DIGITAL X-RAY
- DEXA
- ULTRASOUND
- DIGITAL MAMMOGRAPHY

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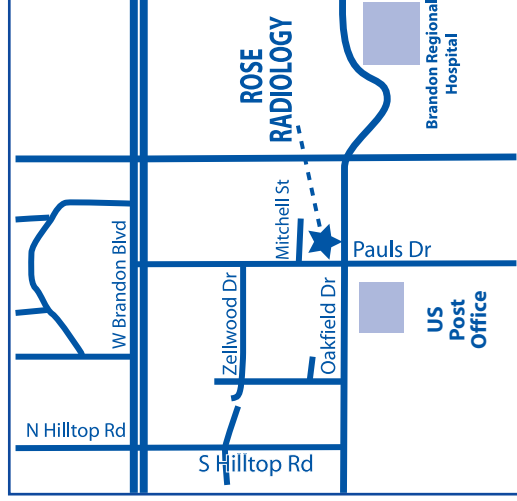


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Diagnosis Codes (ICD-9)

- | | |
|--|---|
| <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 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 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 | _____ |