

- Obtain Insurance Authorization
- Call Patient to Schedule
- Wet Read

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 #: _____

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)
- 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)
- 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

- 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 THORACIC-AORTA
- 71555 MRA SUBCLAVIAN
- 74185 MRA RENAL
- OTHER - Please Specify: _____

- MRV
Please Specify: _____

CT SCAN W/MPR

- 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
- 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)
- 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)
- 73200 CT HAND 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
- 71010 CHEST 1V
- 71020 CHEST 2V
- 71021 CHEST W/AP
- 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 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: _____

DIGITAL MAMMOGRAPHY

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

DEXA

- 77080 BONE DENSITY
- OTHER - Please Specify: _____

ULTRASOUND

- 76536 US HEAD/NECK
- 76645 US BREAST (s)
- 76536 US THYROID
- 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
- 76857 US BLADDER
- 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: _____

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

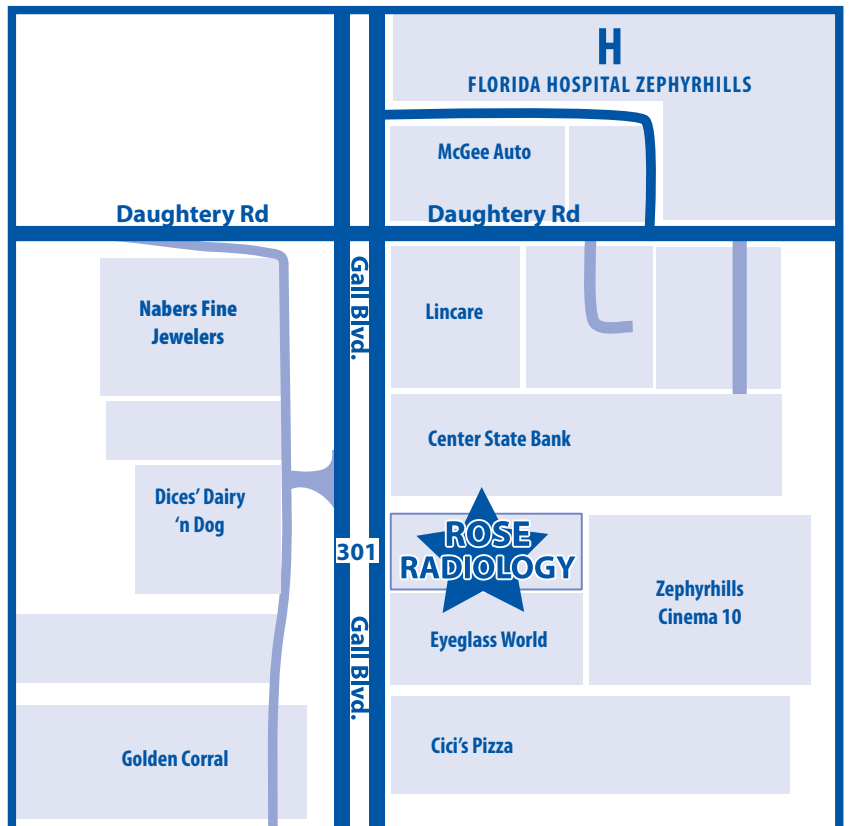
ROSE RADIOLOGY - EAST PASCO

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 Online Prescription: **MRIROSE.COM**

Diagnosis Codes (ICD-9)

- | | | | | | |
|---------------------------------|----------------------------|---------------------------------|--------------------------|---------------------------------|-------------------------|
| <input type="checkbox"/> 441.4 | A.A.A. | <input type="checkbox"/> 959.5 | INJURY-FINGER | <input type="checkbox"/> 719.45 | PAIN-PELVIS |
| <input type="checkbox"/> 789.00 | ABDO PAIN | <input type="checkbox"/> 959.01 | INJURY-HEAD | <input type="checkbox"/> 719.41 | PAIN-SHOULDER |
| <input type="checkbox"/> 789.07 | ABDO PAIN GENERALIZED | <input type="checkbox"/> 717.9 | INT DERANG KNEE | <input type="checkbox"/> 724.1 | PAIN-THORACIC |
| <input type="checkbox"/> 461 | ACUTE SINUSITIS | <input type="checkbox"/> 718.81 | INT DERANG SHOULDER | <input type="checkbox"/> 786.5 | PAIN-CHEST |
| <input type="checkbox"/> 711.8 | ARTHRITIS DIS | <input type="checkbox"/> 431 | INTER HEMORRHAGE | <input type="checkbox"/> 518.3 | PUL EDEMA |
| <input type="checkbox"/> 724.5 | BACK PAIN | <input type="checkbox"/> 719.06 | JOINT EFFUSION | <input type="checkbox"/> 786.09 | RESPIRATORY ABNORMALITY |
| <input type="checkbox"/> 723.4 | BRACHIAL NEURITIS | <input type="checkbox"/> 722.10 | LUM DISC DISPLACEMENT | <input type="checkbox"/> 714.0 | RHEUMATOID ARTHRITIS |
| <input type="checkbox"/> 490 | BRONCHITIS | <input type="checkbox"/> 723.2 | LUMBAGO | <input type="checkbox"/> 727.61 | ROTATOR CUFF INJURY |
| <input type="checkbox"/> 428.0 | C.H.F. | <input type="checkbox"/> 847.2 | LUMBAR SPRAIN | <input type="checkbox"/> 724.3 | SCIATICA |
| <input type="checkbox"/> 592.0 | CALCULUS KIDNEY | <input type="checkbox"/> 724.4 | LUMBOSACRAL NEURITIS | <input type="checkbox"/> V76.12 | SCREEN BREAST |
| <input type="checkbox"/> 429.3 | CARDIOMEGALY | <input type="checkbox"/> 202.81 | LYMPHOMAS | <input type="checkbox"/> 782.0 | SKIN SENSATION DISTURB |
| <input type="checkbox"/> 722.4 | CERVICAL DISC DEGENERATION | <input type="checkbox"/> 346.9 | MIGRAINE | <input type="checkbox"/> 336.9 | SPINAL CORD DISEASE |
| <input type="checkbox"/> 722.0 | CERVICAL DISC DISPLACEMENT | <input type="checkbox"/> 355.9 | MONOEURITIS | <input type="checkbox"/> 724.02 | SPINAL STENOSIS |
| <input type="checkbox"/> 723.0 | CERVICAL STENOSIS | <input type="checkbox"/> 847.0 | NECK SPRAIN | <input type="checkbox"/> 756.12 | SPONDYLOLISTHESES |
| <input type="checkbox"/> 786.6 | CHEST SWELLING/MASS | <input type="checkbox"/> 729.2 | NEURALGIA/NEURITIS | <input type="checkbox"/> 840.9 | SPRAIN-ARM/SHOULDER |
| <input type="checkbox"/> 574 | CHOLELITHIASIS | <input type="checkbox"/> 357.4 | NEUROPATHY | <input type="checkbox"/> 840.4 | SPRAIN-ROTATOR CUFF |
| <input type="checkbox"/> 473.9 | CHRONIC SINUSITIS | <input type="checkbox"/> V71.1 | OBSERVATION-LESION | <input type="checkbox"/> 784.2 | SWELLING HEAD/NECK |
| <input type="checkbox"/> 564.0 | CONSTIPATION | <input type="checkbox"/> 433.10 | OCC CA W/O INFARCTION | <input type="checkbox"/> 729.81 | SWELLING-LIMB |
| <input type="checkbox"/> 786.2 | COUGH | <input type="checkbox"/> 433.3 | OCC MULTI W/O INFARCTION | <input type="checkbox"/> 780.2 | SUMCOPE/COLLAPSE |
| <input type="checkbox"/> 436 | CVA | <input type="checkbox"/> 715.96 | OSTEOARTHROS KNEE | <input type="checkbox"/> 836.0 | TEAR-KNEE |
| <input type="checkbox"/> 611.72 | DIAG MAMMO | <input type="checkbox"/> 715.91 | OSTEOARTHROS SHOULDER | <input type="checkbox"/> 307.81 | TENSION HEADACHE |
| <input type="checkbox"/> 780.4 | DIZZINESS/GIDDINESS | <input type="checkbox"/> 715.9 | OSTEOARTHROS-NOS | <input type="checkbox"/> 435.9 | TRANS CEREB ISCHEMIA |
| <input type="checkbox"/> 785.6 | ENLARGEMENT LYMPHNODES | <input type="checkbox"/> 719.43 | PAIN-FORARM | <input type="checkbox"/> 350.1 | TRIGEMINAL NEURALGIA |
| <input type="checkbox"/> 780.6 | FEVER | <input type="checkbox"/> 719.44 | PAIN-HAND | <input type="checkbox"/> 593.4 | URETERIC OBSTRUCTION |
| <input type="checkbox"/> 784.0 | HEADACHE | <input type="checkbox"/> 719.46 | PAIN-LEG | <input type="checkbox"/> OTHER | |
| <input type="checkbox"/> 599.7 | HEMATURIA | <input type="checkbox"/> 729.5 | PAIN-LIMB | | |

- 1.5T High Field MRI
- Open MRI
- Multi-Slice CT Scan
- Digital Mammography
- Ultrasound
- Digital X-Ray
- DEXA



We are located at 6900 Gall Boulevard, one block south of the hospital right next to EyeGloss World in front of Zephyrhills Cinema.