

Patient Name: \_\_\_\_\_ Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_ P.M. \_\_\_\_

Diagnosis \_\_\_\_\_

Special Instructions: \_\_\_\_\_

This test is medically necessary.

**BELOW PLEASE INDICATE THE TYPE OF STUDY REQUIRED AND THE PATIENT'S DIAGNOSIS**

**1.5 T MRI and OPEN MRI**

With & Without Contrast

With Contrast Only

Without Contrast

- Brain
- Orbits
- IAC'S
- Soft Tissue Neck
- Pituitary
- Bilat TMJ
- Cervical
- Thoracic
- Lumbar
- Chest
- Abdomen
- Pelvis
- Liver
- Shoulder R or L
- Elbow R or L
- Wrist R or L
- Hand R or L
- Hip R or L
- Knee R or L
- Ankle R or L
- Foot R or L
- Myelo - Cervical
- Myelo - Thoracic
- Myelo - Lumbar
- Other

Specify: \_\_\_\_\_

**MRA**

With & Without Contrast

With Contrast Only

Without Contrast

- MRA Head  
(Circle of Willis)
- MRA Carotids
- MRA Pulmonary
- MRA Pelvis Lower Ext.
- MRA Up Ext w/runoff

Specify: \_\_\_\_\_

- MRA Abd-Aorta
- MRA Thoracic-Aorta
- MRA Subclavian
- MRA Renal
- MRA Other

Specify: \_\_\_\_\_

MRV

Specify: \_\_\_\_\_

MRCP

Specify: \_\_\_\_\_

**MULTI SLICE CAT SCAN**

With & Without Contrast

With Contrast Only

Without Contrast

- Brain w/MPR
- Orbits w/MPR
- IAC's w/MPR
- Soft Tissue Neck w/MPR
- Sinus w/MPR
- Facial Bones w/MPR
- Chest w/MPR
- Abdomen w/MPR
- Pelvis w/MPR
- Cervical w/MPR
- Thoracic w/MPR
- Lumbar w/MPR
- Shoulder w/MPR-R or L
- Elbow w/MPR - R or L
- Wrist w/MPR - R or L
- Hand w/MPR - R or L
- Hip w/MPR - R or L
- Knee w/MPR - R or L
- Ankle w/MPR - R or L
- Foot w/MPR - R or L
- Other w/MPR

Specify: \_\_\_\_\_

**X-RAY**

- Sinus
- Skull 4V
- Chest
- Chest 2V
- Chest W/AP
- Chest W/OB
- Chest 4V Min
- Chest
- Rib 2V Unil
- Spine
- Spine 1 V
- Cerv 2/3V
- Cerv 4V Min
- CERV W/OB
- Thor Stand
- Thor 2V
- Thor 3V

- Thor 4V Min
- Thor/Lum
- Lumb 2/3V
- Lum 4V Min
- Lumb W/Bend
- LUMB 4V W/Bend
- Pelvis 1/2V
- Pelvis 3V Min
- Hip 1V UNIL
- Hip 2V
- Hip 2V Bilat
- Hip/Pelvis Infant
- Femur 2V
- Knee 1/2V -R or L
- Knee 3V -R or L
- Knee 4V Min
- Knee Standing
- Tib/Fib 2V
- Low Ext Infant
- Ankle 2V -R or L
- Ankle 3V -R or L
- Foot 2V -R or L
- Foot 3V -R or L
- Shoulder -R or L
- Calcaneus
- Toes 2V
- Abdo 2V
- Abdo AP/OBL
- Abdo DEC/ERECT
- Abdo PA/ERECT
- Kiddiegram
- Bone Age
- IVP

OTHER \_\_\_\_\_

**MAMMOGRAPHY**

(Please note: Screenings are for "No Breast Problems Only")

- DIAG-BILATERAL
- DIAG-UNILATERAL
- SCREENING
- ADDITIONAL VIEW SPECIFY \_\_\_\_\_

- US IF INDICATED
- FOLLOW-UP: R: \_\_\_ L: \_\_\_
- IMPLANTS:  Yes  No

\*Please bring previous films

**DEXA**

- Bone Density
- Other \_\_\_\_\_

Clinical History /DX / code: \_\_\_\_\_

**THIS EXAM IS MEDICALLY NECESSARY FOR THIS PATIENT.**

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**See Reverse Side for Important Information**

Physician's notes / other procedures

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**ULTRASOUND**

- Head/Neck
- Breast (s)
- ABD Complete
- ABD Limited
- Renal/Aorta
- PREG Complete
- PREG Multiple
- PREG Follow-up
- Biophysical
- Transvaginal
- Pelvic Complete/TV
- Scrotum
- Extrem. Non-Vasc
- Carotid Bilat
- Low Ext Art Bilat
- Low Ext Art Unilat
- Upper Ext Art Bilat
- Upper Ext Art Unilat
- ABI
- Ven Ext Bilat
- Ven Ext Unilat
- Abd/Pelvis Complete/TV
- Aortic/IVC
- Axilla
- Groin
- Doppler
- Other

Please Specify: \_\_\_\_\_

**PET/CT**

Tampa Location

- Breast (staging)
- Lymphoma
- Head & Neck
- Lung  
(single Pulmonary Nodule)
- Lung (staging)  
(non small cell)
- Cardiac Viability
- Colorectal (staging)
- Esophageal (staging)
- Melanoma (staging)
- Thyroid (staging)
- Brain - Refractory Seizures
- Cervical (staging)
- Brain - Alzheimer's

Specify: \_\_\_\_\_

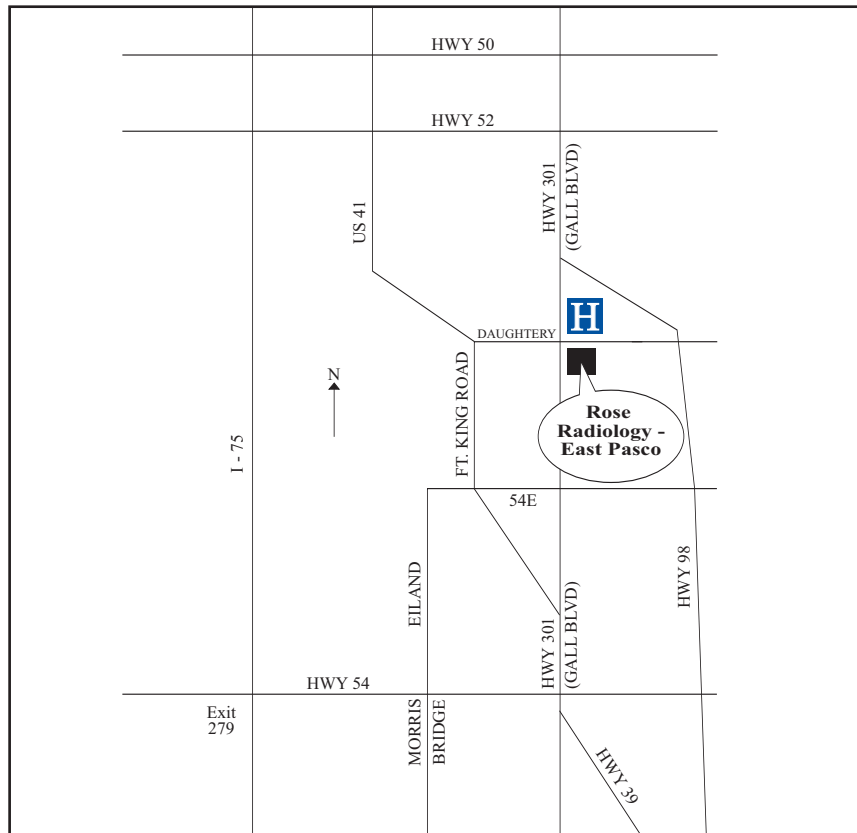
# ROSE RADIOLOGY - EAST PASCO

6900 Gall Boulevard • Zephyrhills, Florida 33542

Phone: (813) 783-6736 • Fax (813) 788-4299

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|---|---|---|
| <input type="checkbox"/> 441.4 A.A.A.                     | <input type="checkbox"/> 401.9 HYPERTENSION             | <input type="checkbox"/> 518.3 PUL EDEMA                          |
| <input type="checkbox"/> 789.00 ABDO PAIN                 | <input type="checkbox"/> 959.5 INJURY-FINGER            | <input type="checkbox"/> 786.09 RESPIRATORY ABNORMALITY           |
| <input type="checkbox"/> 789.07 ABDO PAIN GENERALIZED     | <input type="checkbox"/> 959.01 INJURY-HEAD             | <input type="checkbox"/> 714.0 RHEUMATOID ARTHRITIS               |
| <input type="checkbox"/> 461 ACUTE SINUSITIS              | <input type="checkbox"/> 717.9 INT DERANG KNEE          | <input type="checkbox"/> 727.61 ROTATOR CUFF INJURY               |
| <input type="checkbox"/> 711.8 ARTHRITIS DIS              | <input type="checkbox"/> 718.81 INT DERANG SHOULDER     | <input type="checkbox"/> 724.3 SCIATICA                           |
| <input type="checkbox"/> 724.5 BACK PAIN                  | <input type="checkbox"/> 431 INTER HEMORRHAGE           | <input type="checkbox"/> V76.12 SCREEN BREAST                     |
| <input type="checkbox"/> 723.4 BRACHIAL NEURITIS          | <input type="checkbox"/> 719.06 JOINT EFFUSION          | <input type="checkbox"/> 782.0 SKIN SENSATION DISTURB             |
| <input type="checkbox"/> 611.72 BREAST MASS               | <input type="checkbox"/> 722.10 LUM DISC DISPLACEMENT   | <input type="checkbox"/> 336.9 SPINAL CORD DISEASE                |
| <input type="checkbox"/> 490 BRONCHITIS                   | <input type="checkbox"/> 724.2 LUMBAGO                  | <input type="checkbox"/> 724.02 SPINAL STENOSIS                   |
| <input type="checkbox"/> 428.0 C.H.F.                     | <input type="checkbox"/> 847.2 LUMBAR SPRAIN            | <input type="checkbox"/> 756.12 SPONDYLOLISTHESIS                 |
| <input type="checkbox"/> 592.0 CALCULUS KIDNEY            | <input type="checkbox"/> 724.4 LUMBOSACRAL NEURITIS     | <input type="checkbox"/> 840.9 SPRAIN-ARM/SHOULDER                |
| <input type="checkbox"/> 429.3 CARDIOMEGALY               | <input type="checkbox"/> 202.81 LYMPHOMAS               | <input type="checkbox"/> 840.4 SPRAIN-ROTATOR CUFF                |
| <input type="checkbox"/> 433.10 CARTOID STENOSIS          | <input type="checkbox"/> 346.9 MIGRAINE                 | <input type="checkbox"/> 784.2 SWELLING HEAD/NECK                 |
| <input type="checkbox"/> 722.4 CERVICAL DISC DEGENERATION | <input type="checkbox"/> 355.9 MONOEURITIS              | <input type="checkbox"/> 729.81 SWELLING-LIMB                     |
| <input type="checkbox"/> 722.0 CERVICAL DISC DISPLACEMENT | <input type="checkbox"/> 847.0 NECK SPRAIN              | <input type="checkbox"/> 780.2 SYNCOPHE/COLLAPSE                  |
| <input type="checkbox"/> 721.0 CERVICAL SPONDYLOSIS       | <input type="checkbox"/> 729.2 NEURALGIA/NEURITIS       | <input type="checkbox"/> 836.0 TEAR-KNEE                          |
| <input type="checkbox"/> 723.0 CERVICAL STENOSIS          | <input type="checkbox"/> 357.4 NEUROPATHY               | <input type="checkbox"/> 307.81 TENSION HEADACHE                  |
| <input type="checkbox"/> 723.1 CERVICALGIA                | <input type="checkbox"/> V71.1 OBSERVATION-LESION       | <input type="checkbox"/> 435.9 TRANS CEREB ISCHEMIA               |
| <input type="checkbox"/> 786.6 CHEST SWELLING/MASS        | <input type="checkbox"/> 433.10 OCC CA W/O INFARCTION   | <input type="checkbox"/> 350.1 TRIGEMINAL NEURALGIA               |
| <input type="checkbox"/> 574.2 CHOLELITHIASIS             | <input type="checkbox"/> 433.3 OCC MULTI W/O INFARCTION | <input type="checkbox"/> 593.4 URETERIC OBSTRUCTION               |
| <input type="checkbox"/> 473.9 CHRONIC SINUSITIS          | <input type="checkbox"/> 715.06 OSTEOARTHROS KNEE       | <input type="checkbox"/> 368.11 SUDDEN LOSS OF VISION             |
| <input type="checkbox"/> 564.0 CONSTIPATION               | <input type="checkbox"/> 715.90 OSTEOARTHROS SHOULDER   | <input type="checkbox"/> 368.12 TRANSIENT LOSS OF VISION          |
| <input type="checkbox"/> 786.2 COUGH                      | <input type="checkbox"/> 715.98 OSTEOARTHROS-NOS        | <input type="checkbox"/> 368.43 VF DEFECT, ARCUATE                |
| <input type="checkbox"/> 436 CVA                          | <input type="checkbox"/> 719.43 PAIN-FORARM             | <input type="checkbox"/> 368.41 VF DEFECT, PARACENTRAL/CENTRAL    |
| <input type="checkbox"/> 611.72 DIAG MAMMO                | <input type="checkbox"/> 719.44 PAIN-HAND               | <input type="checkbox"/> 368.45 VF DEFECT, CONSTRICTION           |
| <input type="checkbox"/> 780.4 DIZZINESS/GIDDINESS        | <input type="checkbox"/> 719.46 PAIN-LEG                | <input type="checkbox"/> 368.46 VF DEFECT, HOMONYMOUS BILATERAL   |
| <input type="checkbox"/> 641.50 DVT                       | <input type="checkbox"/> 729.5 PAIN-LIMB                | <input type="checkbox"/> 368.47 VF DEFECT, HETERONYMOUS BILATERAL |
| <input type="checkbox"/> 785.6 ENLARGEMENT LYMPHNODES     | <input type="checkbox"/> 719.45 PAIN-PELVIS             | <input type="checkbox"/> 368.44 VF DEFECT, OTHER LOCALIZED        |
| <input type="checkbox"/> 780.6 FEVER                      | <input type="checkbox"/> 719.41 PAIN-SHOULDER           | <input type="checkbox"/> OTHER _____                              |
| <input type="checkbox"/> 784.0 HEADACHE                   | <input type="checkbox"/> 724.1 PAIN-THORACIC            |   |
| <input type="checkbox"/> 599.7 HEMATURIA                  | <input type="checkbox"/> 786.5 PAIN-CHEST               |   |

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



## Hours:

Monday - Friday

8:00 AM to 5:00 PM for all modalities

8:00 AM to 7:00 PM for MRI