

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 #: _____

Physician Signature _____ Date of Signature _____

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

HIGH-FIELD MRI

- 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)
- 73218 MRI SHOULDER R or L
- 73221 MRI UP EXT (w/o)
- 73223 MRI UP EXT (w-w/o)
- 73718 MRI LOW EXT (w/o)
- 73720 MRI LOW EXT (w-w/o)
- 73721 MRI KNEE/JNT R or L (w/o)
- 73723 MRI KNEE/JNT R or L (w-w/o)
- 74181 MRI ABD (w/o)
- 74183 MRI ABD (w-w/o)
- 70336 MRI TMJ
- 70540 MRI FACE (w/o)
- 70543 MRI FACE (w-w/o)
- 70551 MRI BRAIN (w/o)
- 70553 MRI BRAIN (w-w/o)
- OTHER _____

M R A

- With & Without Contrast
- Without Contrast
- 70544 MRA HEAD
- 70547 MRA NECK
- OTHER _____

CAT SCAN

- 70450 CT HEAD (w/o)
- 70470 CT HEAD (w-w/o)
- 70486 CT FACIAL BONES
- 70486 CT SINUS
- 70488 CT FACE (w-w/o)
- 70490 CT NECK (w/o)

- 70492 CT NECK (w-w/o)
- 71250 CT THORAX (w/o)
- 71270 CT THORAX (w-w/o)
- 72125 CT C-SPINE (w/o)
- 72127 CT C-SPINE (w-w/o)
- 72128 CT T-SPINE (w/o)
- 72130 CT T-SPINE (w-w/o)
- 72131 CT L-SPINE (w/o)
- 72133 CT L-SPINE (w-w/o)
- 72192 CT PELVIS (w/o)
- 73700 CT LOW EXT (w/o)
- 73702 CT LOW EXT (w-w/o)
- 74150 CT ABD (w/o)
- 74170 CT ABD (w-w/o)
- 74176 CT ABD/PELVIS (w/o)
- 74170 CT ABD/PELVIS (w-w/o)
- OTHER _____

X-RAY

- 70220 SINUS
- 70260 SKULL 4V
- 71020 CHEST 2V
- 71100 RIB 2V UNIL
- 72040 C-SPINE 2/3V
- 72050 C-SPINE 4V MIN
- 72052 C-SPINE W/OB
- 72072 T-SPINE 3V
- 72100 L-SPINE 2/3V
- 72110 LUM 4V MIN W/OB
- 72114 L-SPINE /FLEX/EXT
- 72170 AP PELVIS
- 73510 HIP 2V UNIL R or L
- 73520 HIP 2V BILAT R or L
- 73550 FEMUR 2V R or L
- 73560 KNEE 1/2V R or L
- 73562 KNEE 3V R or L
- 73565 KNEE STANDING R or L

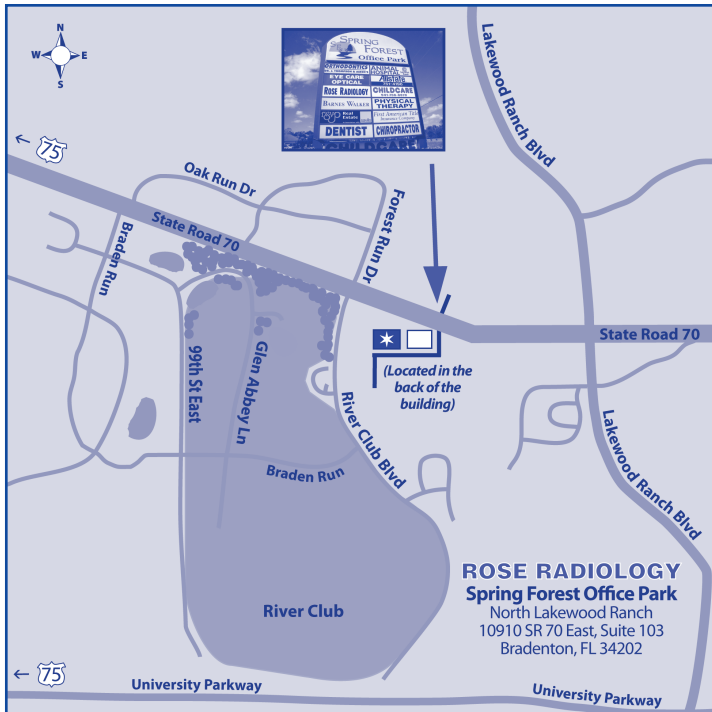
- 73590 TIB/FIB 2V R or L
- 73810 ANKLE 3V R or L
- 73630 FOOT 3V R or L
- 73650 CALCANEOUS R or L
- 73660 TOES 3V R or L
- 74000 ABD 1V
- 76020 BONE AGE
- OTHER _____

ULTRASOUND

- 76536 US HEAD/NECK
- 76536 THYROID
- 76645 US BREAST (s) R or L or Bilat
- 76700 US ABD COMPLETE
- 76705 US ABD LIMITED
- 76770 US RENAL
- 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
- 76880 US EXTR NON-VASC
- 93322 ABI
- 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
- 93978 US IVC
- 93979 US AORTA
- OTHER _____

ROSE RADIOLOGY - LAKEWOOD RANCH
 10910 SR 70, Suite 103 • Bradenton, FL 34202
 Telephone: (941) 755-5257 • Scheduling Fax (941) 755-4856
 Online Prescription: MRIROSE.COM

Directions



From Parrish/Palmetto:

Travel south on I-75. Get off at exit #217/Bradenton/Arcadia. Turn left on SR-70. Rose Radiology Lakewood Ranch is located 2.0 miles on the right, past River Club Boulevard in the Spring Forest Office Center.

From Sarasota:

Travel on I-75 exiting at exit 217-A (SR 70). Rose Radiology Lakewood Ranch is located 2.0 miles on the right, past River Club Boulevard in the Spring Forest Office center.

From Downtown Bradenton:

Travel east on SR 64 to I-75. Turn south on I-75 to SR-70. Turn Left on SR-70. Rose Radiology Lakewood Ranch is located 2.0 miles on the right, past River Club Boulevard in the Spring Forest Office center.

Directions from Arcadia:

Travel west on SR 70. Make a U-turn at River Club Boulevard. Rose Radiology Lakewood Ranch is located on the right, in the Spring Forest Office center.

DIAGNOSIS:

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