



ROSE RADIOLOGY - SPRING HILL

8462 Northcliffe Boulevard
Spring Hill, FL 34606

Telephone: (352) 688-7377

Scheduling Fax: (352) 688-2644

Toll Free 1-877-MRI-ROSE (1-877-674-7673)

Online Prescription: MRIROSE.COM

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

MRI

Contrast? [] Yes [] No

- [] 70551 MRI BRAIN (w/o)
[] 70553 MRI BRAIN (w-w/o)
[] 70540 MRI ORBITS (w/o)
[] 70543 MRI ORBITS (w-w/o)
[] 70540 MRI IAC'S (w/o)
[] 70543 MRI IAC'S (w-w/o)
[] 70540 MRI SOFT TISSUE NECK (w/o)
[] 70543 MRI SOFT TISSUE NECK (w-w/o)
[] 70551 MRI PITUITARY (w/o)
[] 70553 MRI PITUITARY (w-w/o)
[] 70336 MRI BILAT TMJ
[] 72141 MRI CERVICAL (w/o)
[] 72156 MRI CERVICAL (w-w/o)
[] 72146 MRI THORACIC (w/o)
[] 72157 MRI THORACIC (w-w/o)
[] 72148 MRI LUMBAR (w/o)
[] 72158 MRI LUMBAR (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)
[] 74181 MRI LIVER
[] 73221 MRI SHOULDER (w/o)
[] 73223 MRI SHOULDER (w-w/o)
[] 73221 MRI ELBOW R/L (w/o)
[] 73223 MRI ELBOW R/L (w-w/o)
[] 73221 MRI WRIST R/L (w/o)
[] 73223 MRI WRIST R/L (w-w/o)
[] 73218 MRI HAND R/L (w/o)
[] 73220 MRI HAND R/L (w-w/o)
[] 73721 MRI HIP R/L (w/o)
[] 73723 MRI HIP R/L (w-w/o)
[] 73721 MRI KNEE/JNT (w/o)
[] 73723 MRI KNEE/JNT (w-w/o)
[] 73721 MRI ANKLE (w/o)
[] 73723 MRI ANKLE (w-w/o)
[] 73718 MRI FOOT (w/o)
[] 73720 MRI FOOT (w-w/o)
[] 72240 MYELO - CERVICAL
[] 72255 MYELO - THORACIC
[] 72265 MYELO - LUMBAR
[] MRI OTHER
Please Specify: _____

- [] 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

- [] 70496 HEAD w/mpr
[] 70498 NECK/SOFT TISSUE
NECK w/mpr
[] 71275 CHEST w/mpr
[] 72191 PELVIS w/mpr
[] 73206 UPPER EXT.w/mpr R/L
[] 73706 LOWER EXT.w/mpr R/L
[] 74175 ABDOMINAL w/mpr
ABD, AORTA/PELVIS
& BILAT I.A. RUNOFF
[] 71250 CT THORAX (w/o)
[] 71260 CT THORAX (w)
[] 71270 CT THORAX (w-w/o)
[] CT OTHER - Please Specify: _____

CAT SCAN

- [] 70450 CT HEAD/BRAIN (w/o) mpr
[] 70460 CT HEAD/BRAIN (w) mpr
[] 70470 CT HEAD/BRAIN (w-w/o) mpr
[] 70480 CT ORBITS (w/o) mpr
[] 70481 CT ORBITS (w) mpr
[] 70482 CT ORBITS (w-w/o) mpr
[] 70480 CT IAC'S (w/o) mpr
[] 70481 CT IAC'S (w) mpr
[] 70482 CT IAC'S (w-w/o) mpr
[] 70490 CT SOFT TISSUE
NECK (w/o) mpr
[] 70491 CT SOFT TISSUE
NECK (w) mpr
[] 70492 CT SOFT TISSUE
NECK (w-w/o) mpr
[] 70486 CT SINUS
[] 70486 CT FACIAL BONES
[] 71250 CT CHEST (w/o) mpr
[] 71260 CT CHEST (w) mpr
[] 71270 CT CHEST (w-w/o) mpr
[] 74150 CT ABDO (w/o) mpr
[] 74160 CT ABDO (w) mpr
[] 74170 CT ABDO (w-w/o) mpr
[] 72192 CT PELVIS (w/o) mpr
[] 72193 CT PELVIS (w) mpr

- [] 72125 CT CERV (w/o) mpr
[] 72126 CT CERV (w) mpr
[] 72127 CT CERV (w-w/o) mpr
[] 72128 CT THOR (w/o) mpr
[] 72129 CT THOR (w) mpr
[] 72130 CT THOR (w-w/o) mpr
[] 72131 CT LUMB (w/o) mpr
[] 72132 CT LUMB (w) mpr
[] 72133 CT LUMB (w-w/o) mpr
[] 73200 CT SHOULDER (w/o)
[] 73201 CT SHOULDER (w)
[] 73202 CT SHOULDER (w-w/o)
[] 73200 CT ELBOW R/L (w/o)
[] 73201 CT ELBOW R/L (w)
[] 73202 CT ELBOW R/L (w-w/o)
[] 73200 CT WRIST R/L (w/o)
[] 73201 CT WRIST R/L (w)
[] 73202 CT WRIST R/L (w-w/o)
[] 73200 CT HAND R/L (w/o)
[] 73201 CT HAND R/L (w)
[] 73202 CT HAND R/L (w-w/o)
[] 73700 CT HIP R/L (w/o)
[] 73701 CT HIP R/L (w)
[] 73702 CT HIP R/L (w-w/o)
[] 73700 CT KNEE R/L (w/o)
[] 73701 CT KNEE R/L (w)
[] 73702 CT KNEE R/L (w-w/o)
[] 73700 CT ANKLE R/L (w/o)
[] 73701 CT ANKLE R/L (w)
[] 73702 CT ANKLE R/L (w-w/o)
[] 73700 CT FOOT R/L (w/o)
[] 73701 CT FOOT R/L (w)
[] 73702 CT FOOT R/L (w-w/o)
[] OTHER - Please Specify: _____

X-RAY

- [] 70220 SINUS
[] 70260 SKULL 4V
[] 74400 IVP
[] 71010 CHEST
[] 71020 CHEST 2V
[] 71022 CHEST W/OB
[] 71030 CHEST 4V MIN
[] 71100 RIB 2V UNIL R/L
[] 72040 CERVICAL 2/3V
[] 72050 CERVICAL 4V MIN
[] 72040 CERVICAL FLEX/EXT
[] 72050 CERVICAL 7 SERIES
[] 72070 THORACIC 2V
[] 72069 THORACOLUMBAR
STANDING SCOLIOSIS SERIES
[] 72100 LUMBAR 2/3V
[] 72110 LUMBAR 4V (w OBL)
[] 72170 AP PELVIS
[] 73510 HIP 2V R/L

- [] 73550 FEMUR 2V R/L
[] 73560 KNEE 2V R/L
[] 73562 KNEE 3V R/L
[] 73590 TIB/FIB R/L
[] 73600 ANKLE 2V R/L
[] 73810 ANKLE 3V R/L
[] 73620 FOOT 2V R/L
[] 73630 FOOT 3V R/L
[] 73650 CALCANEUS
[] 73660 TOES 2V
[] 74000 ABD 2V (Flat & upright)
[] 74000 ABD 1V KUB
[] 77072 BONE AGE
[] 73020 SHOULDER 1V R/L
[] 73030 SHOULDER 2V
[] 73060 HUMERUS R/L
[] 77075 BONE SURVEY
[] OTHER - Please Specify: _____

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: _____

MAMMOGRAPHY

- [] 77055 DIAG-UNILATERAL
[] 77056 DIAG-BILATERAL
[] 77057 SCREENING
[] ADDITIONAL VIEW
Please Specify: _____

MRA

With & Without Contrast

Without Contrast

- [] 70544 MRA HEAD
[] 70549 MRA CAROTIDS
[] 71555 MRA PULMONARY
[] 73725 MRA LOW EXT/PELVIS

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

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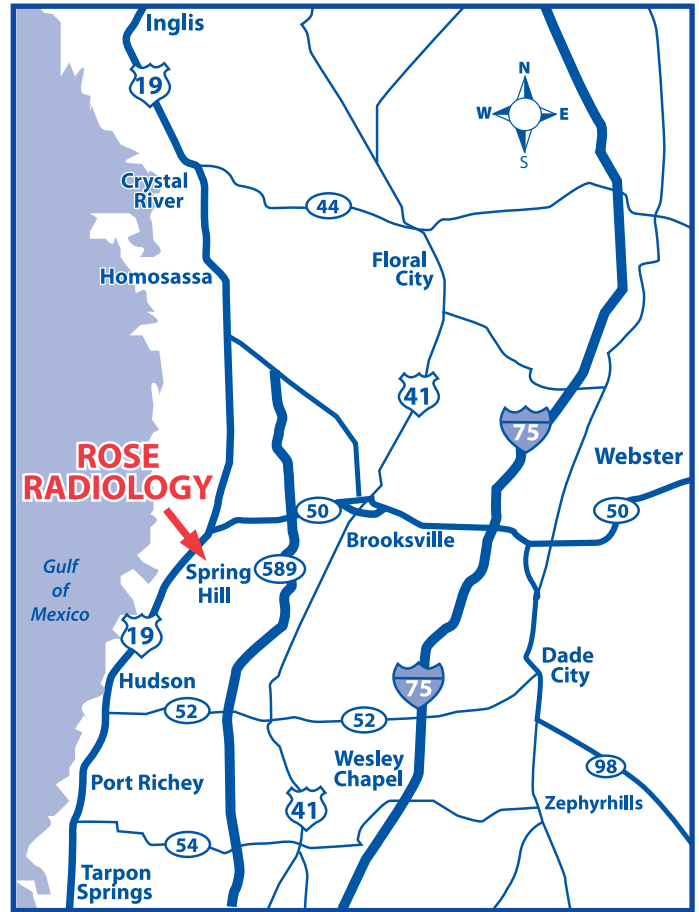
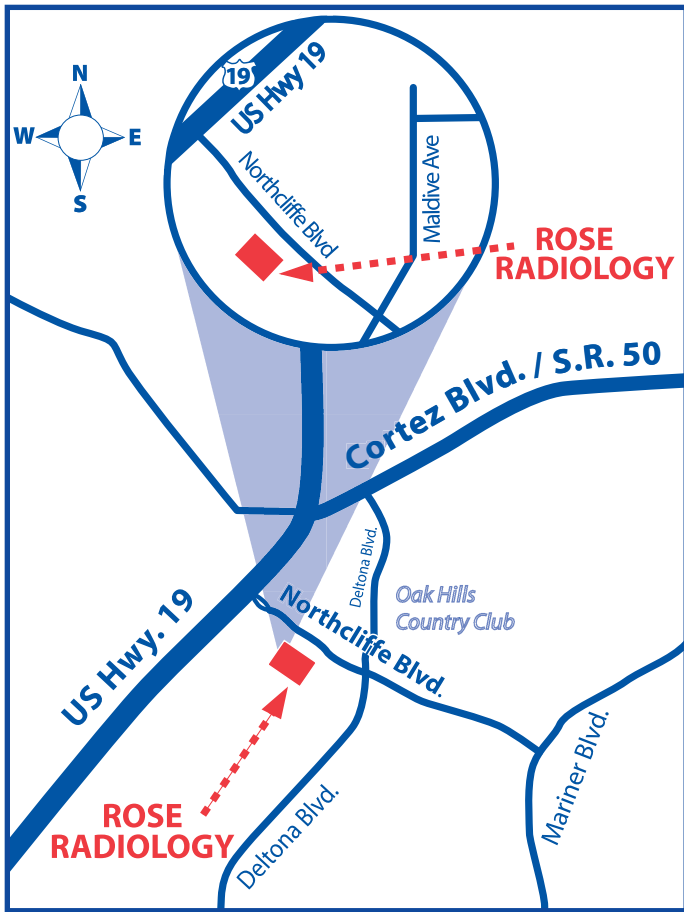
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Diagnosis Codes (ICD-9)

□ 441.4 A.A.A.	□ 786.2 COUGH	□ 346.9 MIGRAINE	□ 786.09 RESPIRATORY ABNORMALITY
□ 789.00 ABDO PAIN	□ 436 CVA	□ 355.9 MONOEURITIS	□ 714.0 RHEUMATOID ARTHRITIS
□ 789.07 ABDO PAIN GENERALIZED	□ 611.72 DIAG MAMMO	□ 847.0 NECK SPRAIN	□ 727.61 ROTATOR CUFF INJURY
□ 461 ACUTE SINUSITIS	□ 780.4 DIZZINESS/GIDDINESS	□ 729.2 NEURALGIA/NEURITIS	□ 724.3 SCIATICA
□ 711.8 ARTHRITIS DIS	□ 785.6 ENLARGEMENT LYMPHNODES	□ 357.4 NEUROPATHY	□ V76.12 SCREEN BREAST
□ 724.5 BACK PAIN	□ 780.6 FEVER	□ V71.1 OBSERVATION-LESION	□ 782.0 SKIN SENSATION DISTURB
□ 723.4 BRACHIAL NEURITIS	□ 784.0 HEADACHE	□ 433.10 OCC CA W/O INFARCTION	□ 336.9 SPINAL CORD DISEASE
□ 490 BRONCHITIS	□ 599.7 HEMATURIA	□ 433.3 OCC MULTI W/O INFARCTION	□ 724.02 SPINAL STENOSIS
□ 428.0 C.H.F.	□ 401.9 HYPERTENSION	□ 715.96 OSTEOARTHROS KNEE	□ 756.12 SPONDYLOLISTHESIS
□ 592.0 CALCULUS KIDNEY	□ 959.5 INJURY-FINGER	□ 715.91 OSTEOARTHROS SHOULDER	□ 840.9 SPRAIN-ARM/SHOULDER
□ 429.3 CARDIOMEGALY	□ 959.01 INJURY-HEAD	□ 715.9 OSTEOARTHROS-NOS	□ 840.4 SPRAIN-ROTATOR CUFF
□ 722.4 CERVICAL DISC DEGENERATION	□ 717.9 INT DERANG KNEE	□ 719.43 PAIN-FORARM	□ 784.2 SWELLING HEAD/NECK
□ 722.0 CERVICAL DISC DISPLACEMENT	□ 718.81 INT DERANG SHOULDER	□ 719.44 PAIN-HAND	□ 729.81 SWELLING-LIMB
□ 721.0 CERVICAL SPONDYLOSIS	□ 431 INTER HEMORRHAGE	□ 719.46 PAIN-LEG	□ 780.2 SYNCOPE/COLLAPSE
□ 723.0 CERVICAL STENOSIS	□ 719.06 JOINT EFFUSION	□ 729.5 PAIN-LIMB	□ 836.0 TEAR-KNEE
□ 723.1 CERVICALGIA	□ 722.10 LUM DISC DISPLACEMENT	□ 719.45 PAIN-PELVIS	□ 307.81 TENSION HEADACHE
□ 786.6 CHEST SWELLING/MASS	□ 724.2 LUMBAGO	□ 719.41 PAIN-SHOULDER	□ 435.9 TRANS CEREB ISCHEMIA
□ 574 CHOLELITHIASIS	□ 847.2 LUMBAR SPRAIN	□ 724.1 PAIN-THORACIC	□ 350.1 TRIGEMINAL NEURALGIA
□ 473.9 CHRONIC SINUSITIS	□ 724.4 LUMBOSACRAL NEURITIS	□ 786.5 PAIN-CHEST	□ 593.4 URETERIC OBSTRUCTION
□ 564.0 CONSTIPATION	□ 202.81 LYMPHOMAS	□ 518.3 PUL EDEMA	OTHER



Directions:

Directions from Suncoast Parkway

Take Exit #46 Brooksville / Weeki Wachee.
Go West on SR 50 / Cortez Boulevard 5.9 miles.
Go South on US Hwy 19, proceed 0.8 miles.
Turn left on Northcliffe Boulevard at the traffic light
Drive 0.2 miles and arrive at
Rose Radiology on the right.

Directions from SR 52

Go North on US Hwy 19,
proceed 13 miles to Northcliffe Boulevard
at the traffic light.
Turn right and proceed 0.2 miles to
Rose Radiology on the right.

Directions from SR 50 / Cortez Boulevard

Go South on US Hwy 19, proceed 0.8 miles
to Northcliffe Boulevard.
Turn left on Northcliffe Boulevard at the traffic light
and proceed 0.2 miles.
Arrive at Rose Radiology on the right.