

**TAMPA**  
 5107 North Armenia Ave.  
 Tampa, FL 33603  
**Telephone: (813) 874-2999**

**ROSE RADIOLOGY**  
 "Make Quality Radiology Your Choice"<sup>TM</sup>  
**Scheduling Fax (813) 901-4888**  
**Online Prescription: MRIROSE.COM**

**KENNEDY**  
 2605 West Kennedy Blvd.  
 Tampa, FL 33609  
**Telephone: (813) 876-7200**

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**

**3.0 T MRI  
Tampa ONLY**

- With & Without Contrast
  - With Contrast Only
  - Without Contrast
  - MRI BRAIN
  - MRI ORBITS
  - MRI IAC'S
  - MRI SOFT TISSUE NECK
  - MRI PITUITARY
  - MRI BILAT TMJ
  - MRI C-SPINE
  - MRI T-SPINE
  - MRI L-SPINE
  - MRI CHEST
  - MRI ABDOMEN
  - MRI PELVIS
  - MRI LIVER
  - MRI SHOULDER R or L
  - MRI ELBOW R or L
  - MRI WRIST R or L
  - MRI HAND R or L
  - MRI HIP R or L
  - MRI KNEE/JNT R or L
  - MRI ANKLE R or L
  - MRI FOOT R or L
  - MYELO - C-SPINE
  - MYELO - T-SPINE
  - MYELO - L-SPINE
  - ARTHROGRAM R or L
  - MRI BREAST R or L
  - MRI OTHER
- Please Specify: \_\_\_\_\_

- MRA CAROTIDS
  - MRA PULMONARY
  - MRA LOW EXT/PELVIS
  - MRA UP EXT W/RUNOFF
- Please Specify: \_\_\_\_\_

- MRA ABD-AORTA
  - MRA T-SPINE-AORTA
  - MRA SUBCLAVIAN
  - MRA RENAL
  - MRA Other
- Please Specify: \_\_\_\_\_

- MRV
- Please Specify: \_\_\_\_\_

**16 SLICE CT SCAN w/MPR  
Tampa ONLY**

- With & Without Contrast
- With Contrast Only
- Without Contrast
- CT HEAD/BRAIN
- CT ORBITS
- CT IAC'S
- CT SOFT TISSUE NECK
- CT SINUS
- CT FACIAL BONES
- CT CHEST
- CT ABD/PELVIS
- CT C-SPINE
- CT T-SPINE
- CT L-SPINE
- CT SHOULDER R or L
- CT ELBOW R or L
- CT WRIST R or L
- CT HAND R or L
- CT HIP R or L
- CT KNEE R or L

- CT ANKLE R or L
  - CT FOOT R or L
  - OTHER
- Please Specify: \_\_\_\_\_

**CT ANGIOGRAPHY w/MPR  
Tampa ONLY**

- HEAD
  - NECK/SOFT TISSUE NECK
  - CHEST
  - PELVIS
  - UPPER EXT. R or L
  - LOWER EXT. R or L
  - ABDOMINAL
  - ABD, AORTA/PELVIS & BILAT I.A. RUNOFF
  - CT THORAX
  - CT OTHER
- Please Specify: \_\_\_\_\_

**DIGITAL X-RAY**

- SINUS
- SKULL 4V
- IVP
- CHEST 2V
- CHEST W/OB
- CHEST 4V MIN
- RIB 2V UNIL R or L
- C-SPINE 2/3V
- C-SPINE 4V MIN
- C-SPINE FLEX/EXT
- C-SPINE 7 SERIES
- T-SPINE 2V
- T-SPINE STANDING SCOLIOSIS SERIES
- L-SPINE 2/3V
- L-SPINE 4V (w OBL)
- AP PELVIS
- HIP 2V R or L
- FEMUR 2V R or L
- KNEE 2V R or L
- KNEE 3V R or L
- TIB/FIB R or L
- ANKLE 2V R or L
- ANKLE 3V R or L
- FOOT 2V R or L
- FOOT 3V R or L
- CALCANEUS
- TOES 2V
- ABD 2V (Flat & upright)
- ABD 1V KUB
- BONE AGE
- SHOULDER 2V

- HUMERUS R or L
  - BONE SURVEY
  - OTHER
- Please Specify: \_\_\_\_\_

**PET/CT  
Tampa ONLY**

- BREAST (STAGING)
  - LYMPHOMA
  - HEAD & NECK
  - LUNG (SINGLE PULMONARY NODULE)
  - LUNG (STAGING) (NON SMALL CELL)
  - CARDIAC VIABILITY
  - COLORECTAL (STAGING)
  - ESOPHAGEAL (STAGING)
  - MELANOMA (STAGING)
  - THYROID (STAGING)
  - CERVICAL (STAGING)
  - BRAIN - REFRACTORY SEIZURES
  - BRAIN - ALZHEIMER'S
  - BRAIN - LIMITED
  - OTHER
- Please Specify: \_\_\_\_\_

**INTERVENTION  
Tampa ONLY**

- MR ARTHROGRAM
- Please Specify: \_\_\_\_\_
- C-SPINE ESI LEVEL \_\_\_\_\_
  - T-SPINE ESI LEVEL \_\_\_\_\_
  - L-SPINE ESI LEVEL \_\_\_\_\_
  - FACET INJECT-C SPINE LEVEL \_\_\_\_\_
  - FACET INJECT-T SPINE LEVEL \_\_\_\_\_
  - FACET INJECT-L SPINE LEVEL \_\_\_\_\_
  - TRIGGER POINTS INJ
- Please Specify: \_\_\_\_\_

- CT MYELO - C-SPINE
- CT MYELO - T-SPINE
- CT MYELO - L-SPINE

**ULTRASOUND  
Tampa ONLY**

- US HEAD/NECK
- US BREAST(s)
- US ABD COMPLETE
- US ABD LIMITED

- US RENAL/AORTA
  - US PREG COMPLETE
  - US PREG MULTIPLE
  - US PREG FOLLOW-UP
  - US BIOPHYSICAL
  - US TRANSVAGINAL
  - US PELVIC COMPLETE
  - US SCROTUM
  - ABI
  - US EXTR NON-VASC
  - US CAROTID BILAT
  - LWR EXT ART BILAT
  - LWR EXT ART UNI
  - UPPER EXT ART BILAT
  - UPPER EXT ART UNI
  - US VEN EXT BILAT
  - US VEN EXT UNI
  - US ABD/PELVIS LIMIT DUPLEX
  - US AORTIC/IVC
  - OTHER
- Please Specify: \_\_\_\_\_

**MAMMOGRAPHY  
Tampa ONLY**

- SCREENING
  - DIAG-UNILATERAL R or L
  - DIAG-BILATERAL
  - US IF INDICATED
  - FOLLOW-UP:  R  L
  - IMPLANTS:  Yes  No
  - ADDITIONAL VIEW
- Please Specify: \_\_\_\_\_

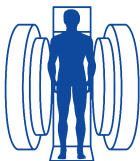
\*Please bring previous films

**NUCLEAR MEDICINE  
Tampa ONLY**

- BRAIN SPECT
  - WHOLE BODY BONE SCAN
  - BONE SCAN WITH SPECT
  - HIDA SCAN
  - HIDA SCAN WITH GBF
  - MUGA SCAN (TO ASSESS LVF)
  - LIVER/SPLEEN SCAN
  - THYROID SCAN ONLY
  - I-131 THYROID SCAN/UPTAKE
  - I-123 THYROID SCAN/UPTAKE
  - PARATHYROID SCAN
  - RENOGAM W/LASIX
  - DMSA RENAL SCAN
  - VQ
  - RBC LIVER (HEMANGIOMA)
  - GALLIUM SCAN
  - GASTRIC EMPTYING
  - OTHER
- Please Specify: \_\_\_\_\_

**FOR UPRIGHT OPEN MRI**

**Kennedy 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: \_\_\_\_\_

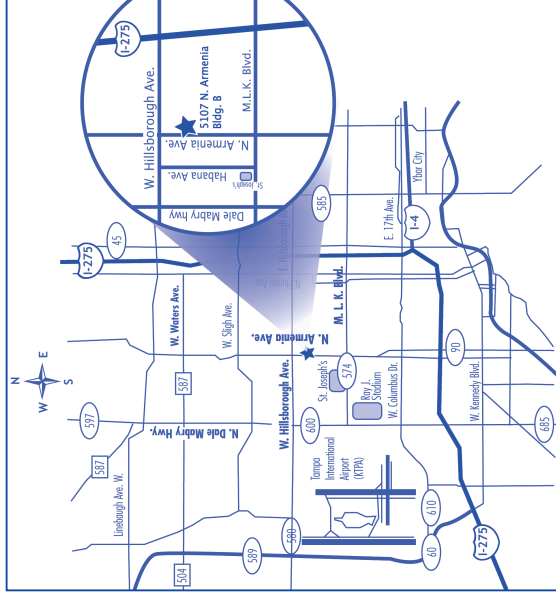
**See Reverse Side for Important Information**

# ROSE RADIOLOGY - TAMPA

5107 North Armenia Avenue  
 Tampa, FL 33603  
**Telephone: (813) 874-2999**  
**Scheduling Fax: (813) 901-4888**  
**Toll Free: 1-877-MRI-ROSE**  
 MRIROSE.COM

- 3T MRI/MRA
- PET/CT
- 16 SLICE CT/CTA
- DIGITAL X-RAY
- NUCLEAR MEDICINE
- INTERVENTIONAL PROCEDURES
- MAMMOGRAPHY
- ULTRASOUND

Online Prescription: [MRIROSE.com](http://MRIROSE.com)



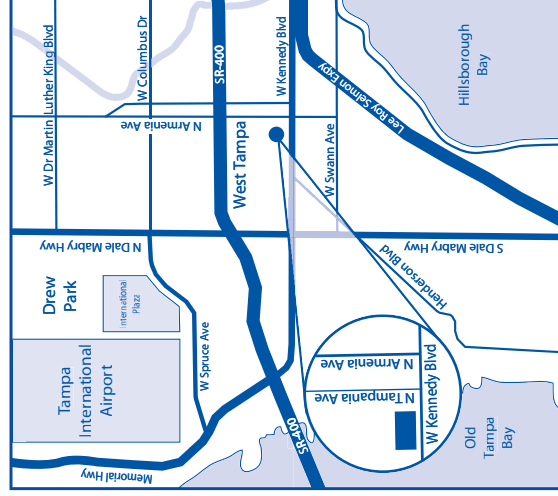
(Located on Armenia Avenue between MLK Boulevard and Hillsborough Avenue)

# ROSE RADIOLOGY - ON KENNEDY

2605 West Kennedy Boulevard  
 Tampa, FL 33609  
**Telephone: (813) 876-7200**  
**Scheduling Fax: (813) 901-4888**  
**Toll Free: 1-877-MRI-ROSE**  
 MRIROSE.COM

- UPRIGHT OPEN MRI
- DIGITAL X-RAY

Online Prescription: [MRIROSE.com](http://MRIROSE.com)



(Located on the North side of Kennedy, just West of Armenia and East of Dale Mabry)

## Diagnosis Codes (ICD-9)

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

## PET/CT \*TAMPA ONLY

### Medicare Approved Indications

- Alzheimer's Disease
- Cardiac/Mycardial viability
- Primary or initial diagnosis prior to revascularization
- After inconclusive SPECT
- Breast Cancer (Stating or Restaging)Cervical Cancer
- Colorectal Cancer
- Esophageal Cancer
- Head and neck – Excluding CNS and thyroid
- Single Pulmonary Nodule (SPN)
- Lung Cancer – Non-small cell
- Lymphoma
- Melanoma
- Refractory Seizures
- Thyroid Cancer

### Other Indications:

- Ovarian Cancer
- Uterine Cancer
- Prostate Cancer
- Bladder Cancer
- Hepatocellular Cancer
- Cholangiocarcinoma
- Pancreatic Cancer
- Renal Cell Cancer
- Testicular Cancer
- Bone Tumor
- Brain Tumor
- Epilepsy
- Other Dementia (Multi-Infarct, post-Traumatic, HIV, Frontal Lobe, Pick's Disease, Huntington's Disease)
- Other

Please Select One:  Diagnosis  Staging  Restaging