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Allen Zelman M.D. David Zelman D.O.

Patient Information

*Required Information

*Patient Name _____ *DOB _____ *DATE _____

*Signs and Symptoms/ICD-10 Codes _____

_____

Physician Information

*Referring Physician Name _____ Phone _____

*Referring Physician Address _____ Fax _____

*Referring Physician Signature _____ NPI _____

Stat Read ☐Call (_____) _____ Email mr@wmiimaging.com to request portal access.

MRI

❑ w/o contrast ❑ w/contrast
❑ 3D Recon ❑ w/wo contrast

❑ Brain
❑ Orbits
❑ IAC
❑ Pituitary
❑ TMJ
❑ Soft Tissue Neck
❑ Brachial Plexus
❑ Cervical Spine
❑ Thoracic Spine
❑ Lumbar Spine
❑ Sacrum
❑ Bony Pelvis
❑ Chest noncardiac
❑ Breast
❑ Prostate
❑ Abdomen
❑ MRCP
❑ Pelvis
❑ Enterography
❑ Shoulder ❑ Right ❑ Left
❑ Elbow ❑ Right ❑ Left
❑ Hand ❑ Right ❑ Left
❑ Hip ❑ Right ❑ Left
❑ Knee ❑ Right ❑ Left
❑ Ankle ❑ Right ❑ Left
❑ Foot ❑ Right ❑ Left

MR ANGIOGRAPHY

❑ Head
❑ Neck (Carotid)
❑ Chest
❑ Abdomen
❑ Pelvis
❑ Extremities
❑ Lower ❑ Upper

MR VENOGRAPHY

❑ Head
❑ Abdomen
❑ Pelvis

❑ Other _____

CT

❑ w/o contrast ❑ w/ contrast
❑ w/wo contrast ❑ 3D Recon
❑ po contrast only

❑ Head
❑ Sinuses
❑ Orbits
❑ Temporal Bone
❑ Facial Bones
❑ Soft Tissue Neck
Chest
❑ Routine
❑ Lung Screening
❑ Pulmonary Embolism CTA
❑ Abdomen and Pelvis
❑ Abdomen Only
❑ Pelvis Only
❑ Enterography
❑ Urogram
❑ Cervical Spine
❑ Thoracic Spine
❑ Lumbar Spine
❑ Extremity _____
❑ Other _____

CT ANGIOGRAPHY

❑ Head ❑ Neck
❑ Chest ❑ Abdomen ❑ Pelvis
❑ Lower Extremity _____

PET/CT (Ave X)

❑ Skull Base to Mid Thigh
❑ Skull Vertex to Toes

Nuclear Medicine (Ave X)

❑ Hepatobiliary
❑ Whole Body Bone Scan
❑ Three Phase Bone Scan
❑ Renal Scan
❑ MUGA Scan
❑ Parathyroid
❑ Thyroid Scan and Uptake
❑ Whole Body Gallium

❑ Other _____

ULTRASOUND

❑ Add Doppler

Abdominal
❑ Complete
❑ Limited (e.g. RUQ, Appendix, Hernia)
❑ Aorta
❑ Renal Doppler (for renal artery stenosis)
❑ Renal
❑ Bladder
❑ Pelvic Complete
❑ Pelvic TA & TV
❑ Pelvic Transabdominal
❑ Male Pelvis
❑ Scrotal ❑ with Doppler
❑ Thyroid
❑ Soft tissue neck (lymph nodes, palpable mass)
❑ Obstetrics
❑ First Trimester (<14 Weeks)
❑ Second Trimester
❑ Third Trimester
❑ Infant Hips
❑ Infant Head
❑ Infant Spine
❑ Hysterosonography
❑ Extremities Non Vascular (MSK)
❑ Upper ❑ Lower (e.g. Baker's Cyst)
❑ Right ❑ Left

VASCULAR

❑ Carotid

Venous Doppler (r/o DVT)
❑ Lower Extremity ❑ Upper Extremity
❑ Right ❑ Left ❑ Bilateral

Arterial Doppler
❑ Lower Extremity ❑ Upper Extremity
❑ Right ❑ Left ❑ Bilateral

❑ Other _____

PROCEDURES

❑ **Ultrasound-guided core breast biopsy**
❑ Right ❑ Left
❑ **Ultrasound-guided FNA breast biopsy**
❑ Right ❑ Left

❑ Other _____

BREAST IMAGING

❑ Screening Mammography
* includes 3D Tomosynthesis
❑ Diagnostic Mammography
❑ Bilateral ❑ Right ❑ Left
❑ Breast Ultrasound
❑ Bilateral ❑ Right ❑ Left
❑ Breast MRI ❑ w ❑ wo contrast
* where available otherwise 2D will be performed

Bone Density (DEXA)

❑ Hip and Lumbar Spine w Frax
❑ Hip and Lumbar Spine without Frax
❑ Vertebral Fracture Assessment
❑ Appendicular Skeleton

General XRAY

❑ Chest 2 views
❑ Cervical Spine
❑ Thoracic Spine
❑ Lumbar Spine
❑ Sacrum / Coccyx
❑ Scoliosis
❑ Osseous Survey
❑ Pelvis
❑ Abdomen ❑ Series ❑ KUB
❑ Ribs ❑ Right ❑ Left ❑ B/L
❑ Shoulder ❑ Right ❑ Left ❑ B/L
❑ Wrist ❑ Right ❑ Left ❑ B/L
❑ Hand ❑ Right ❑ Left ❑ B/L
❑ Hip ❑ Right ❑ Left ❑ B/L
❑ Knee ❑ Right ❑ Left ❑ B/L
❑ Ankle ❑ Right ❑ Left ❑ B/L
❑ Foot ❑ Right ❑ Left ❑ B/L
❑ Other _____

FLOUROSCOPY

❑ Esophagram
❑ Upper GI w/ small Bowel
❑ Hysterosalpingogram
❑ Other _____