MRI ASSOCIATES

PALM HARBOR | WESLEY CHAPEL | LAKELAND | WINTER HAVEN
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MAMMOGRAPHY PRESCRIPTION

Today's Date:_____ Appointment Date:_____ Time:_____

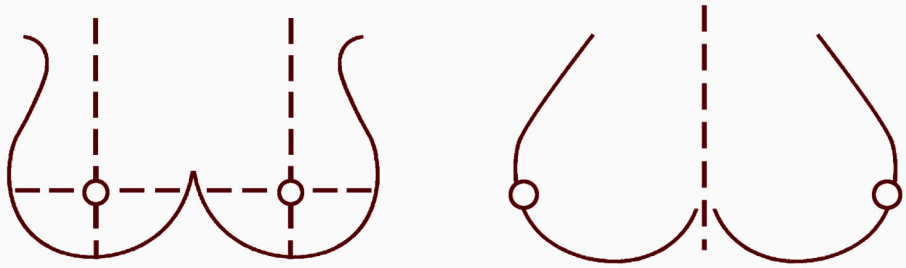
Patient Name:_____ Date of Birth:_____/_____/_____

Patient Phone:_____ Insurance:_____

MRI Facility:_____ Authorization #:_____

☐ **SCREENING MAMMOGRAM:** (asymptomatic) ☐ **3D MAMMOGRAM TOMOSYNTHESIS**
☐ Implants

☐ **DIAGNOSTIC MAMMOGRAM:** ☐ Unilateral ☐ Right ☐ Left ☐ Bilateral
☐ Implants



REASON FOR EVALUATION

☐ Palpable Mass (PLEASE INDICATE LOCATION ON DIAGRAM)
☐ History of Breast Cancer
☐ Evaluation of Abnormal Screening Mammogram
☐ Short Term Follow up of Abnormality
☐ Nipple Discharge
☐ Other:_____ **ICD-10 Code:**_____

☐ **Breast Ultrasound:** ☐ Unilateral ☐ Right ☐ Left ☐ Bilateral ☐ Perform Only if Necessary

☐ **Ultrasound:** ☐ Transabdominal ☐ Transvaginal ☐ OB LTD_____
☐ OB Fetal Anatomy (18-20 weeks) ☐ Biophysical Profile ☐ Sex Determination

☐ **Breast MRI:** ☐ Bilateral Breast MRI with & without Contrast (Tissue Assessment)

Requesting Physician:_____ Phone:_____

PCP Name:_____ Phone: _____

Diagnosis / Comments:_____

Physician Signature:_____

MRI ASSOCIATES Locations & Modalities

	High Field MRI	Arthrograms	Wide Open Bore MRI	High Field Open MRI	CT Scan	X-Ray	Ultrasound	Echo Cardiogram	3D Mammography	Dexa-Bone Density	
PALM HARBOR MRI 32615 US Hwy 19 N • Suite 4 Palm Harbor, FL 34684 **Phone: 727.787.6900 | Fax: 727.216.4789**	✔	✔	✔	✔	✔	✔	✔	✔	✔ 3D	✔	ACR
PALM HARBOR MRI - Wesley Chapel 27662 Cashford Circle Wesley Chapel, FL 33544 **Phone: 813.815.8010 | Fax: 813.762.1405**	✔		✔		✔	✔	✔	✔			ACR
HIGHLAND MRI - Lakeland 2946 Lakeland Highlands Road Lakeland, FL 33803 **Phone: 863.510.5944 | Fax: 863.510.5939**	✔	✔	✔	✔	✔	✔	✔				ACR
WINTER HAVEN MRI 409 East Central Avenue Winter Haven, FL 33880 **Phone: 863.294.0999 | Fax: 863.294.0010**	✔	✔			✔	✔	✔	✔	✔ 3D	✔	ACR
BRANDON MRI 403 South Kings Avenue Brandon, FL 33511 **Phone: 813.210.8995 | Fax: 813.409.2914**	✔	✔	✔		✔	✔	✔	✔	✔ 3D	✔	ACR
SARASOTA MRI 2 North Tuttle Avenue Sarasota, FL 34237 **Phone: 941.951.1888 | Fax: 941.951.1910**	✔	✔		✔	✔	✔	✔	✔			ACR
BRADENTON MRI 5817 21st Avenue West Bradenton, FL 34209 **Phone: 941.567.4039 | Fax: 941.567.4041**	✔					✔					ACR
VENICE MRI 1370 East Venice Avenue, Suite 101 Venice, FL 34285 **Phone: 941.484.6500 | Fax: 941.484.6556**	✔	✔	✔		✔	✔	✔				ACR
VENICE MRI - Port Charlotte 21186 Olean Blvd Port Charlotte, FL 33952 **Phone: 941.289.0705 | Fax: 941.237.5903**	✔		✔		✔	✔	✔				ACR

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Diagnostic Codes (ICD-10)

PAIN/SPRAIN CODES

SPINE

M54.12	Radic Cervical Region
M54.14	Radic Thoracic Region
M54.16	Radic Lumbar Region
M54.2	Cervical
M54.6	Thoracic
M54.50	Lumbar
S13.4XXa	Cervical Sprain (initial)
S23.3XXa	Thoracic Sprain (initial)
S33.5XXa	Lumbar Sprain (initial)
M48.02	Cervical Stenosis
M48.04	Thoracic Stenosis
M48.06	Lumbar Stenosis
M54.30	Sciatica

UPPER EXTRMITY

M25.519	Shoulder (unspec)	
M25.511	Shoulder (R)	M25.512 Shoulder (L)
M25.529	Elbow (unspec)	
M25.521	Elbow (R)	M25.522 Elbow (L)
M25.539	Wrist (unspec)	
M25.531	Wrist (R)	M25.532 Wrist (L)
M79.643	Hand (unspec)	
M79.641	Hand(R)	M79.642 Hand (L)
M79.603	Arm (unspec)	
M79.601	Arm(R)	M79.602 Arm (L)
M79.609	Limb (unspec)	

LOWER EXTRMITY

M25.559	Hip (unspec)	
M25.551	Hip (R)	M25.552 Hip (L)
M25.569	Knee (unspec)	
M25.561	Knee (R)	M25.562 Knee (L)
M79.673	Foot (Unspec)	
M79.671	Foot (R)	M79.671 Foot (L)
M25.579	Ankle (unspec)	
M25.571	Ankle (R)	M25.572 Ankle (L)
M79.606	Leg (unspec)	
M79.604	Leg (R)	M79.605 Leg (L)

OTHER

R10.9	Abdominal	
R10.10	Abd (Upper)	R10.30 (Lower)
R10.2	Pelvic	
R07.9	Chest	

OTHER CODES

R94.5	Abn Result Liver (LFT)
J20.0	Bronchitis Acute
N20.0	Calculus Kidney
J44.9	COPD
R05	Cough
M23.8x9	Derangement Knee
M24.819	Derangement Shoulder
M51.26	Disc Displace Lumbar
R42	Dizziness/Giddiness
I84.409	DVT Lower Ext
R51.9	Headache
R31.9	Hematuria (unspec)
I10	Hypertension Primary
G47.0	Insomnia
N63.0	Lump Breast
R22.0	Lump/Swelling Head
R22.1	Lump/Swelling Neck
R22.2	Lump/Swelling Trunk
G47.419	Narcolepsy w/o Cata
M19.90	OA (Unspec site)
M17.9	OA Knee (unspec)
M19.019	OA Shoulder (unspec)
I65.29	Occl/Stenosis Carotid
M06.9	Rheumatoid Arthritis
R06.02	Shortness of Breath
J01.90	Sinusitis Acute
J32.9	Sinusitis Chronic
R55	Syncope / Collapse
S83.205	Tear Meniscus Cur
A	Initial Encounter
D	Subsequent Encount
M75.100	Tear/Rupt Shoulder
G45.9	Tran Cerebral Isch
M26.60	TMJ (unspec)

SCREENING CODES

Z13.820	Osteoporosis
Z02.1	Pre-Employment
Z00.00	General Adult
Z12.31	Mammography
Z13.9	Unspecified