



FOOT & ANKLE PRESCRIPTION

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

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

Patient Phone: _____ Insurance: _____

Claim / ID #: _____ Authorization #: _____

Imaging of Foot / Ankle

Check Modality of Choice

- MRI CT U/S (Doppler) X-Ray

Ankle Lt Rt

Hind foot/Calcaneus Lt Rt

Mid/Forefoot Lt Rt
(metatarsal and phalanges)

With contrast if recommended by radiologist

Other

Clinical Suspicion

- | | |
|--|---|
| <input type="checkbox"/> Tendon | <input type="checkbox"/> Ligament |
| <input type="checkbox"/> Medial | <input type="checkbox"/> Medial |
| <input type="checkbox"/> Lateral | <input type="checkbox"/> Lateral |
| <input type="checkbox"/> Anterior | <input type="checkbox"/> Subtalar |
| <input type="checkbox"/> Posterior | <input type="checkbox"/> Fibromatosis |
| <input type="checkbox"/> Plantar Aponeurosis | <input type="checkbox"/> Sinus Tarsi |
| <input type="checkbox"/> Fasciitis | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Tear | <input type="checkbox"/> Cellulitis vs. Osteomyelitis |
| <input type="checkbox"/> Mass | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fracture | _____ |
| <input type="checkbox"/> Neuropathy/Neuroma | _____ |
| <input type="checkbox"/> Tarsal Tunnel | |

Please mark an X at the location of suspected pathology



Requesting Physician: _____ Phone: _____










PCP Name: _____ Phone: _____

Diagnosis / Comments: _____

Physician Signature: _____

MRI ASSOCIATES Locations & Modalities

Diagnostic Codes (ICD-10)

	High Field MRI	Arthrograms	Breast MRI	Open MRI	CT Scan	X-Ray	Ultrasound	Echo Cardiogram	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	
HIGHLAND MRI 2946 Lakeland Highlands Road Lakeland, FL 33803 Phone: 863.510.5944 Fax: 863.510.5939	✓	✓		✓	✓	✓	✓				
WINTER HAVEN MRI 409 East Central Avenue Winter Haven, FL 33880 Phone: 863.294.0999 Fax: 863.294.0010	✓	✓			✓	✓	✓	✓	✓	3D	
SARASOTA MRI 2 North Tuttle Avenue Sarasota, FL 34237 Phone: 941.951.1888 Fax: 941.951.1910	✓	✓		✓	✓	✓	✓				
BRADENTON MRI 5817 21st Avenue West Bradenton, FL 34209 Phone: 941.567.4039 Fax: 941.567.4041	✓	✓			✓	✓	✓				
VENICE MRI 1370 East Venice Avenue, Suite 101 Venice, FL 34285 Phone: 941.484.6500 Fax: 941.484.6556	✓	✓			✓	✓	✓				
BRANDON MRI 403 South Kings Avenue Brandon, FL 33511 Phone: 813.210.8995 Fax: 813.409.2914	✓	✓	✓		✓	✓	✓			✓	

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- Utilize higher technology for superior diagnostic imaging
- Extend excellent care to our patients through unparalleled staff interaction
- Cultivate a user-friendly environment for physicians, patients, and care givers

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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
 M54.5 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 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