

PATIENT NAME: George Icarayo DOB: 01/17/1952 DATE: 7/1/15

DATE: 7/1/15 APPOINTMENT TIME: 10:00 AM LOCATION: 70551

DX: Lumbar Radiculopathy with myelopathy.
DX: Spondylitis.
DX:

<input type="checkbox"/> CAT Cervical Spine plain	72125	<input type="checkbox"/> MRI - Brain Plain	70551
<input type="checkbox"/> CAT Cervical Spine w/wo Contrast	72127	<input type="checkbox"/> MRI - Brain w/wo Contrast	70553
<input type="checkbox"/> CAT Thoracic Spine Plain	72128	<input type="checkbox"/> MRI - Thoracic Spine Plain	72146
<input type="checkbox"/> CAT Thoracic Spine w/wo Contrast	72130	<input type="checkbox"/> MRI - Thoracic Spine w/wo Contrast	72157
<input type="checkbox"/> CAT Plain Brain	70450	<input type="checkbox"/> MRI - Cervical Spine Plain	72141
<input type="checkbox"/> CAT Brain w/wo Contrast	70470	<input type="checkbox"/> MRI - Cervical Spine w/wo Contrast	72156
<input type="checkbox"/> CAT Lumbar Spine Plain	72131	<input type="checkbox"/> MRI - Neck w/wo Contrast (soft tissue)	70543
<input type="checkbox"/> CAT Lumbar Spine w/wo Contrast	72133	<input checked="" type="checkbox"/> MRI - Lumbosacral Plain	72148
<input type="checkbox"/> CAT Pelvis Plain	72192	<input type="checkbox"/> MRI - Lumbosacral w/wo Contrast	72158
<input type="checkbox"/> CAT Pelvis Plain w/wo Contrast	72194	<input type="checkbox"/> MRI - Pelvis Plain	72195
<input type="checkbox"/> CT Myelogram		<input type="checkbox"/> MRI - Pelvis w/wo Contrast	72197
		<input checked="" type="checkbox"/> X-Ray Pelvis AP & Lateral 2 Views	72190
		<input checked="" type="checkbox"/> X-Ray:	
		<input type="checkbox"/> Cervical Spine 72040	<input checked="" type="checkbox"/> Thoracic Spine 72074
		<input checked="" type="checkbox"/> AP & Lateral with Flexion & Extension	<input checked="" type="checkbox"/> Lumbar Spine 72114
		<input checked="" type="checkbox"/> BRACE ORDER: <input type="checkbox"/> Cervical Collar <input type="checkbox"/> Cervical Soft Collar	
		<input type="checkbox"/> TLSO Brace <input type="checkbox"/> LSO Brace <input checked="" type="checkbox"/> SI Belt	

CARDIAC PACEMAKER/DEFIBRILLATOR: YES NO

☒ **EMG / NCV** ☐ **Physical Therapy (PT/ PTT)**

Upper Extremities ☐ Cervical Spine
Lower Extremities ☒ Thoracic Spine
☒ Lumbar Spine

Pain Management ☐ Cervical Spine ☐ Thoracic Spine ☐ Lumbar Spine
☒ SI Joint Injection ☐ Right Side ☒ Left Side ☐ Bilateral
☐ Epidural Block

PATIENT IS RESPONSIBLE FOR BRINGING ALL REPORTS REQUESTED - EMG REPORTS, PAIN MANAGEMENT INJECTION/ BLOCK REPORTS, AND PHYSICAL THERAPY REPORTS FOR VISIT

SCHEDULE TIME FRAME: 7:00 Studies
INSURANCE: Esia