

2023

What To Order When

A Guide To The Most Common Clinical
Indications Related To Radiology

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CT

The following are general guidelines to follow the most common clinical indications related to radiology. It is important to start with the least invasive study (e.g. pelvic ultrasound before ordering CT), and to protect the patient from any unnecessary radiation and contrast exposure.

HEAD & NECK

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
BRAIN	Head Trauma Headache	NO			
	Surgical Navigational Scans: • Biomet HTR PMI • Brain Lab META • ICO Brain • Neuravive Brain • Stealth • Stryker • VSP	NO	CT brain w/o contrast	70450	N/A
SINUS	Polyps Post nasal drip Sinusitis Pre surgical protocols: • Acclarent Navigational • Implantech • Materialize • Trumatch • KLS Martin IPS • Medical Modeling • Medtronic • Stealth • Stryker	NO	CT sinus complete w/o contrast	70486	• Facial trauma - X-ray of the area • Sinusitis or other common sinus afflictions - 2 week course of antibiotics
FACE	Cellulitis Infection/abscess Soft Tissue Mass	YES	CT maxillofacial soft tissue w/contrast	70487	N/A
	Injury/trauma, concern of fracture	NO	CT maxillofacial bones w/o contrast	70486	X-Ray of the area
ORBITS	Injury/trauma, concern of fracture	NO	CT orbits w/o contrast	70480	X-Ray of the area
	Mass Proptosis Infection Swelling Vision changes	YES	CT orbits w/wo contrast	70482	N/A
TEMPORAL BONES	Otitis Media Cholesteatoma Conductive hearing loss Mastoiditis	NO	CT temporal bones (includes mastoids) w/o contrast	70480	N/A
SOFT TISSUE NECK	Adenopathy Dysphagia Infection/abscess Mass/neoplasm Vocal cord paralysis	YES	CT neck soft tissue w/contrast	70491	Negative ultrasound of affected area
	Salivary gland calculi/adenitis Parathyroid adenoma Foreign body	YES	CT neck soft tissue w/wo contrast	70492	N/A

CT

CHEST

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
CHEST	Asthma Atelectasis Bronchiectasis COPD Cough Interstitial Lung Disease Emphysema Follow up pulmonary nodule Injury/trauma Pericardial effusion Pleural effusion Pneumothorax Pulmonary nodule Rib Fracture	NO	CT chest w/o contrast	71250	Negative Chest X-Ray
	Abnormality involving hilum Empyema Infiltrate Lung cancer Mass/Empyema Pneumonia Work up of other cancer/ malignancy	YES	CT chest w/contrast	71260	N/A
LUNG	History of smoking	NO	Low Dose Lung Cancer CT	G0297	Must meet Medicare established guidelines for Low Dose Lung Cancer Screening
HIGH RESOLUTION CHEST	Pulmonary fibrosis Ground glass nodule Interstitial lung disease Emphysema PRONE Imaging	NO	CT chest w/o contrast	71250	X-Ray of the affected area

EXTREMITIES

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
UPPER EXTREMITIES	R/O Arthritis Fracture (if patient cannot tolerate MRI; contraindications from implants, etc.)	NO	CT Upper Extremity w/o contrast CT Upper Extremity w/contrast CT Upper Extremity w/wo contrast	73200 73201 73202	Negative X-ray of affected area
LOWER EXTREMITIES	R/O Arthritis Fracture (if patient cannot tolerate MRI; contraindications from implants, etc.)	NO	CT Lower Extremity w/o contrast CT Lower Extremity w/contrast CT Lower Extremity w/wo contrast	73700 73701 73702	Negative X-ray of affected area

SPINE (in patient with history of cancer contrast may be indicated)

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
CERVICAL SPINE	Evaluate hardware/fusion status Degenerative changes R/O Fx	NO	CT spine, cervical w/o contrast	72125	X-Ray of the affected area

SPINE (cont.) (in patient with history of cancer contrast may be indicated)

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
THORACIC SPINE	Evaluate hardware/fusion status Degenerative changes R/O Fx	NO	CT spine, thoracic w/o contrast	72128	X-Ray of the area
LUMBAR SPINE	Evaluate hardware/fusion status Degenerative changes R/O Fx Surgical protocols: • BrainLab • Mazor Renaissance • Stryker	NO	CT spine, lumbar w/o contrast	72131	X-Ray of the area

ARTHROGRAM

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
UPPER EXTREMITIES	Shoulder, r/o internal derangement (rotator cuff, biceps/labrum) Elbow and Wrist (if patient cannot tolerate MRI; contraindications from implants, etc.)	Intra-articular	CT Upper Extremity w/o contrast CT Upper Extremity w/contrast CT Upper Extremity w/wo contrast	73200 73201 73202	Negative X-ray of affected area
LOWER EXTREMITIES	Knee (ligaments, meniscus) Hip and Ankle (if patient cannot tolerate MRI; contraindications from implants, etc.)	Intra-articular	CT Lower Extremity w/o contrast CT Lower Extremity w/contrast CT Lower Extremity w/wo contrast	73700 73701 73702	Negative X-ray of affected area

ANGIOGRAPHY (CTA)

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
HEAD	Stenosis (MRA Preferred) Aneurysm	YES	CT angio brain w/wo contrast	70496	N/A
NECK	Carotid stenosis (pre-op eval), Dissection, Treated aneurysm	YES	CT angio neck w/wo contrast	70498	Negative ultrasound of affected area
CHEST	Suspected PE or evaluation of chronic PE Thoracic aneurysm (if ascending, must have cardiac gating) Surgical Protocols: • Galapagos • ON • Monarch Robtic • Olympus • Regeneron • Super Domension	YES	CT spine, chest w/contrast	72175	Abnormal X-ray

ANGIOGRAPHY (CTA) (cont.)

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
ABDOMEN	Abdominal aortic aneurysm	YES	CT angio abdomen w/wo contrast	74175	Abdominal duplex ultrasound
ABDOMEN & PELVIS	Mesenteric ischemia Pre op AAA surgery Pre or post-op evaluation Post stent grafting	YES	CT angio abdomen/ pelvis w/wo contrast	74174	N/A
ABDOMEN & PELVIS W/ RUNOFF	Intermittent claudication Lower extremity ischemia Peripheral vascular disease	YES	CT angio abdominal aorta and bilateral iliofemoral with BLE runoff w/contrast	75635	N/A
			CT angio BLE's to include bifurcation of aorta into illiac vessels w/contrast CT angio BLE's w/contrast	73706	
EXTREMITIES	Aneurysm Arterial occlusion/stenosis Claudication Cold foot Gangrene Pain Ulcer Venous occlusion/thrombosis (if patient cannot tolerate MRI; contraindications from implants, etc.)	YES	CT angio Upper Extremity w/contrast	73206	Arterial ultrasound
			CT angio Lower Extremity w/contrast	73706	

ABDOMEN & PELVIS

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
ABDOMEN	Renal mass	YES	CT renals triple phase w/wo contrast - ABDOMEN	74170	Negative ultrasound of affected area
	Abnormal liver enzymes Jaundice Liver mass	YES	Multiphase CT abdomen/liver w/wo contrast	74170	Negative ultrasound of affected area
	Pancreatitis Jaundice Pancreatic mass	YES	Multiphase CT abdomen/liver w/wo contrast	74170	N/A

ABDOMEN & PELVIS (cont.)

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
ABDOMEN & PELVIS	Abdominal pain Abnormal labs Abscess Adenopathy Ascites Injury/trauma Metastasis Pancreatitis Pelvic pain Tumor/mass Unexplained weight loss Diverticulosis Diverticulitis Appendicitis Lymphoma Hiatal Hernia Adrenal glands: mass or adenoma Pancreas: cyst, mass, or lesion Renal mass, lesion, cyst, cancer, renal vein thrombosis, AML (angiomyolipoma)	YES	CT abdomen/pelvis w/contrast and Oral Contrast	74177	<ul style="list-style-type: none"> • Negative ultrasound of affected area • Labs - WBC
	Ventral, umbilical hernia	NO	CT abdomen w/o contrast (with contrast if painful)	74176	
STONE PROTOCOL	Flank pain Renal stones	NO	CT abdomen/pelvis w/o contrast	74176	Negative ultrasound of affected area
UROGRAM	Hydronephrosis (w/o flank pain) Flank pain Renal Stones Hematuria	YES	CT w/wo contrast (aka urogram)	74178	N/A
SOFT TISSUE PELVIS	Adenopathy Mass Pain	YES	CT pelvis w/contrast	72193	N/A
SOFT TISSUE PELVIS	Inguinal Hernia	NO	CT pelvis w/o contrast (w/contrast if painful)	72192	Negative ultrasound of affected area
BONY PELVIS	Trauma, concern for fracture Hip/SI joint w/ degenerative disease	NO	CT pelvis w/o contrast	72192	N/A
MULTIPHASE IMAGING	Hepatitis C Transplant Cirrhosis Hepatoma Lesion HCC (Hepato Cellular Carcinoma) Breast Cancer (when clinically indicated) Carcinoid Thyroid Carcinoma Melanoma Choriocarcinoma Leiomyosarcoma	YES	CT abdomen w/o contrast	74170	<ul style="list-style-type: none"> • Negative ultrasound of affected area • Labs-WBC

These recommendations are a general guideline and may not be applicable to everyone.

MRI

BRAIN

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
BRAIN	CVA/TIA Dizziness Memory loss Trauma Tremors Headaches	NO	MRI brain w/o contrast	70551	<ul style="list-style-type: none"> Headaches - Minimum 2-4 weeks of conservative treatment, unless there is a history of cancer Gradual memory loss/suspected dementia - Clinical documentation of decline in memory for minimum 6 months
	Chiari Malformation Infection Lesions (specify) Multiple sclerosis Neurofibromatosis Seizures Tumor/mass/metastasis	YES	MRI brain w/wo contrast	70553	N/A
	IAC lesion/hearing loss/ infection Tinnitus	YES	MRI brain and IAC's w/wo contrast	70553	N/A
	Trigeminal neuralgia	YES	MRI brain Trigeminal w/wo contrast	70553	N/A
	Pituitary mass, elevated prolactin	YES	MRI brain Pituitary w/wo contrast	70553	Abnormal hormone levels on recent labs or history of tumor/ cancer

ORBITS	Diplopia Hyperthyroidism (e.g. Graves disease) Nystagmus Strabismus Tumor/mass/metastasis Unexplained vision loss Unilateral vision defect	YES	MRI orbits w/wo contrast	70543	N/A
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FACE/NECK	Infection Tumor/mass/metastasis	YES	MRI face w/contrast	70542	N/A
	Trauma	NO	MRI face w/o contrast	70540	N/A
	Dysphagia Infection Persistent hoarseness Tumor/mass/metastasis Vocal cord paralysis	YES	MRI soft tissue neck w/wo contrast	70543	Negative ultrasound of affected area

HEAD & NECK

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
NECK SOFT TISSUE	Dysphagia Infection Persistent hoarseness Tumor/mass/metastasis Vocal cord paralysis	YES	MRI soft tissue neck w/wo contrast	72156	Negative ultrasound of affected area

MRI

CHEST

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
CHEST	Chest wall pain (CT exam is preferred) Rib pain (CT exam is preferred) Sternoclavicular joint/ clavicle/scapula pain	NO	MRI MSK chest w/o contrast	71550	N/A
BREAST	Silicone implant rupture *Saline implant rupture better evaluated with other modality (ultrasound)	NO	MRI breast w/o contrast -implant rupture study	77059	N/A
	High risk for malignancy Newly diagnosed breast cancer Problem Solving-unresolved diagnostic mammography	YES	MRI breast w/wo contrast -malignancy study	77049	N/A
SOFT TISSUE	Mediastinal Mass	YES	MRI w/contrast and w/o IV contrast	71552	N/A

NEUROGRAM

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
BRACHIAL PLEXUS	Brachial plexus injury Nerve avulsion Tumor/mass/metastasis	YES	MRI brachial plexus w/wo contrast -brachial plexus protocol	73220-22	X-Ray of the affected area
LUMBOSACRAL PLEXUS	Lumbosacral plexus injury Nerve avulsion Tumor/mass/metastasis	YES	MRI lumbosacral plexus w/wo contrast	72197	N/A

EXTREMITIES

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
NON-JOINT EXTREMITY: HAND=FINGER, ARM, FOOT =TOE, LEG	Morton's neuroma Muscle/tendon tear Osteomyelitis Stress/fracture	NO	MRI upper extremity, non-joint w/o contrast	73218	<ul style="list-style-type: none"> • X-ray of the affected area within the last month • 6 weeks of provider directed conservative treatment • Positive Ortho findings
	Abscess Cellulitis Foot osteomyelitis in diabetic patients Osteomyelitis Tumor/mass/metastasis (soft tissue)	YES	MRI lower extremity, non-joint w/o contrast	73718	
				MRI upper extremity, non-joint w/o contrast	73220
JOINT EXTREMITY: SHOULDER, ELBOW, WRIST HIP, KNEE, ANKLE	Arthritis AVN Joint pain Ligament/tendon muscle/cartilage/labral tear (initial study) Stress/fracture	NO	MRI upper extremity, joint w/o contrast	73221	<ul style="list-style-type: none"> • X-ray of the affected area within the last month • 6 weeks of provider directed conservative treatment • Positive Ortho findings
			MRI lower extremity, joint w/o contrast	73721	
		Abscess Cellulitis Inflammatory arthritis Septic arthritis Synovitis Tumor/mass	YES	MRI upper extremity, joint w/wo contrast	73223
			MRI lower extremity, joint w/wo contrast	73723	

MRI

SPINE

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
CERVICAL	Neck Pain Radiculopathy Degenerative disc disease/herniation Canal Stenosis Compression fracture	NO	MRI spine cervical w/o contrast	72141	<ul style="list-style-type: none"> • X-ray of the affected area within the last month • 6 weeks of provider directed conservative treatment • Positive Ortho findings
	MS Discitis/osteomyelitis Post-op pain Tumor/mass/metastasis	YES	MRI spine, cervical w/wo contrast	72156	N/A
THORACIC	Radiculopathy Degenerative disc disease/herniation Canal Stenosis Compression fracture	NO	MRI spine, thoracic w/o contrast	72146	<ul style="list-style-type: none"> • X-ray of the affected area within the last month • 6 weeks of provider directed conservative treatment • Positive Ortho findings
	MS Discitis/osteomyelitis Post-op pain Tumor/mass/metastasis	YES	MRI spine, thoracic w/wo contrast	72147	N/A
LUMBAR	Radiculopathy Degenerative disc disease/herniation Canal Stenosis Compression fracture	NO	MRI spine, lumbar w/o contrast	72148	<ul style="list-style-type: none"> • X-ray of the affected area within the last month • 6 weeks of provider directed conservative treatment • Positive Ortho findings
	MS Discitis/osteomyelitis Post-op pain Tumor/mass/metastasis	YES	MRI spine, lumbar w/wo contrast	72149	N/A

ARTHROGRAMS

Body Part	Reason for exam	IV Contrast	Procedure Name	Code	Prior Auth Req
WRIST	Ligament tear (pre and post-op)	Intra-articular	MRI arthrogram wrist	73222+ 25246+ 77002	Negative X-ray of affected area
ELBOW	Ligament tear Loose bodies (pre and post-op)	Intra-articular	MRI arthrogram elbow	73222+ 24220+ 77002	Negative X-ray of affected area
SHOULDER	Labral tear Rotator cuff (post-op)	Intra-articular	MRI arthrogram shoulder	73222+ 23350+ 77002	Negative X-ray of affected area
HIP	Labral/Ligament tear (pre and post-op)	Intra-articular	MRI arthrogram hip	73222+ 27093+ 77002	Negative X-ray of affected area
KNEE	Meniscus (post-op)	Intra-articular	MRI arthrogram knee	73722+ 27370+ 77002	Negative X-ray of affected area
ANKLE	Osteochondral lesion (post-op)	Intra-articular	MRI arthrogram ankle	73222+ 27648+ 77002	Negative X-ray of affected area

MRI

ANGIOGRAPHY (MRA)

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
MRA ABDOMEN	Abdominal aortic aneurysm Dissection Mesenteric ischemia Renal artery stenosis/aneurysm Vasculitis	YES	MRA abdomen w/wo contrast	74185	Negative ultrasound of affected area
MRA EXTREMITIES	Aneurysm Arterial occlusion/stenosis Claudication Cold foot Gangrene Pain Ulcer Venous occlusion/thrombosis	YES	MRA abd aorta, bilateral iliofemoral w/runoff w/wo contrast MRA bilateral lower extremities w/wo contrast	74185 +72198 +73725 -50 73725 -50	N/A
MRA HEAD	Headaches Stenosis AVM (MRI brain w/wo contrast) CVA/TIA Aneurysm Strong family history of cerebral aneurysms	NO	MRI angio head w/o contrast	70544	N/A
	Dissection (CTA preferred), History of treated aneurysm	YES	MRI angio head w/wo contrast	70546	N/A
MRV HEAD	Venous thrombosis	YES	MRI venogram head w/wo contrast	70546	N/A
MRA NECK	Stenosis Aneurysm AVM CVA/TIA Dissection/vessel injury (CTA preferred) Subclavian steal	YES	MRI angio neck w/wo contrast	70549	Negative ultrasound of affected area

ABDOMEN & PELVIS

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
ABDOMEN	MRCP (biliary/pancreatic ducts, stones, jaundice)	NO	MRI abd/panc/biliary tree w/o contrast	74181	Ultrasound of affected area
	Liver disease Mass (adrenal, liver, pancreatic, renal)	YES	MRI abdomen w/wo contrast	74183	N/A
MR ENTEROGRAPHY	Bowel obstructions Evaluate small bowel Crohn's disease Ulcerative Colitis	YES	MR Enterography	74183 + 72197	Ultrasound of affected area

ABDOMEN & PELVIS (cont.)

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
MSK PELVIS	MSK pain - SI joints, sacrum, coccyx Muscle tear Osteomyelitis	NO	MRI pelvis w/o contrast	72195	<ul style="list-style-type: none"> • X-ray of the affected area within the last month • 6 weeks of provider directed conservative treatment • Positive Ortho findings
SOFT TISSUE PELVIS	Abscess Adenomyosis Endometrial abnormalities Fibroid Prostate cancer Septic arthritis Tumor/mass/metastasis	YES	MRI pelvis w/wo contrast	72197	Ultrasound of affected area

PROSTATE

Body Part	Reason for exam	Contrast	Procedure Name	Code	Prior Auth Req
PROSTATE (DETECTION)	Elevated PSA Rising PSA following treatment for malignant neoplasm of Prostate Palpable nodule Pre-biopsy evaluation Prior negative biopsy Stable active surveillance and stable post HIFU	YES	MRI Prostate w/wo contrast with 3D-Rendering	72197 76377	Labs - PSA
PROSTATE (STAGING & RECURRENCE)	Positive biopsy for pretreatment evaluation Active surveillance with rising PSA Post HIFU with rising PSA Post biopsy PSA relapse from either RP or RT	YES	MRI Prostate w/wo contrast with 3D-Rendering	72197 76377	Labs - PSA
PROSTATE (BONES & NODES)	PSA relapse Post treatment Initial staging high risk patient	YES	MRI Prostate w/wo contrast *Pre-requirement: MRI Thoracic/Lumbar Spine w/o contrast	72148 72146	Labs - PSA
PROSTATE (RADIATION TREATMENT PLANNING/ HYDROGEL SPACER CONFIRMATION - LIMITED EXAM)	Limited to high quality axial, sagittal T2, axial gradient echo to evaluate for fiducial seed placement No need for diffusion, or contrast exam, or large field view of pelvis	NO	MRI Prostate wo contrast	72195	Labs - PSA

These recommendations are a general guideline and may not be applicable to everyone.

ULTRASOUND

Body Part	Reason for exam	Code
THYROID	Elevated calcium/abnormal thyroid blood work Enlarged thyroid gland History of thyroid cancer Hyper/hypothyroidism Mass Multinodular goiter Parathyroid adenomas	76536
SOFT TISSUE NECK	Lymph node Parotid Sub mandibular mass Mass/lump in neck Swollen Lymph Nodes Parotid adenoma/mass Sialolithiasis/salivary gland stone	76536
CAROTIDS	Amaurosis Fugax Aphasia Ataxia Bruit Hemiplegia Syncope Transient vision loss Vertigo/dizziness	93880
CHEST	Pleural effusion Palpable/Superficial Mass	76604
BREAST	Abnormal mammographic findings Palpable mass Targeted area of pain	76642 x2
ABDOMINAL AORTA	Abdominal aortic aneurysm screening of follow-up Bruit Pulsatile aorta Family history of AAA History of smoking	76775
ABDOMEN	Abnormal LFT'S/fatty liver/hepatic steatosis Cirrhosis of hepatic/liver disease, hepatitis Gallstones/cholelithiasis/choledocholithiasis/biliary dilatation Hepatomegaly Jaundice Pain Splenomegaly	76770
PELVIS- FEMALE	Adnexal abnormalities Dysfunctional uterine bleeding Enlarged uterus or ovary Excessive bleeding/pain after surgery Fibroid uterus Localization of intrauterine contraceptive device +X-Ray Pelvis/csdom Pelvis/Abdomen DX X-Ray Menstrual cycle irregularities Ovarian cyst Ovarian torsion Pain PCOS Precocious puberty Post menopausal bleeding	TV and TA - 76856 & 76830

ULTRASOUND

Body Part	Reason for exam	Code
PELVIS-MALE	Bladder Only General Pain Urinary Frequency Benign prostatic hyperplasia	76856
SCROTUM	Epididymitis Hydrocele (swelling) Mass Pain Trauma Torsion Undescended testes Varicocele	76870
KIDNEY & BLADDER	Bladder diverticula Hematuria Hydronephrosis Neurogenic bladder Renal failure/disease (Chronic Kidney Disease) Renal calculus/ureteral stone Trauma UTI/cystitis/pyelonephritis Urinary retention	Renal Only 76775 Renal and Bladder 76770 Bladder Only 76857
UPPER OR LOWER EXTREMITY (NON VASCULAR) (SOFT TISSUE)	Fluid collection Palpable Mass	76882
UPPER OR LOWER EXTREMITY (VENOUS DOPPLER)	Calf pain DVT follow-up Edema/swelling Positive Homan sign	93970
ARTERIAL BRACHIAL INDEX (ABI)	Claudication PAD PVD Diabetes Weak Pedal Pulses Rest Pain	93923

These recommendations are a general guideline and may not be applicable to everyone.

MEDICAL DIRECTORS

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Resources for Ordering Providers and Staff

Support Provided

Connect with a Radiologist	949-706-7831	To speak with a Radiologist about studies and interpretations, sign up for Radar Nudge Alert
Scheduling	P: 949-387-5000 F: 949-396-7454	To schedule an appointment or ask questions about specific imaging locations and capabilities
STAT Scheduling	949-387-5000	STAT Scheduling
Susan D'Alessandro		In-service physician offices for CONNECT portal support, referral pads, site lists, or general inquiries or concerns
 Physician Outreach	714-328-6714	Susan.D'Alessandro@RadNet.com
Conflict Resolution	714-328-6714	Triage/Audit & research service challenges through resolution WaveConflictResolution@RadNet.com
Kat Love		Priority scheduling, assistance, with authorizations, special handling/accomodations, patient and physician inquiries or concerns
 Patient Navigator	949-308-4421	Deborahnay.Love@RadNet.com

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