

Faculty Practice Radiology

403 East 34th Street
Ground Floor
NYC 10016
212-263-8396

Sample Prescription

Patient Name: _____

Date of Appointment: _____

Physician's Name: _____

Physician's signature: _____

(print name)

Study Requested:

Procedure Code **CPT Code 76499**
VIRTUAL COLONOSCOPY

Indication:

Diagnosis Code: V76.51
Screening for colon neoplasms

Once you have an appointment, Please either bring a prescription with you when you come for your appointment, or ask your doctor's office to fax a prescription to 212-263-0605 prior to your appointment

Note: Since health insurers, including Medicare do not yet cover this exam, payment is expected at the time of service.

SAMPLE PRESCRIPTION