# MR CT DIAGNOSTICS



**PHYSICIANS GUIDE** 

# To ensure the patient is provided with top care, please provide the following when prescribing an examination:

- 1. Complete and current clinical notes
- 2. Complete and current patient insurance information
- 3. Complete and current patient demographics
- 4. Specify any particular condition or entity upon which should be addressed in the patient's examination report.

#### **MRI SAFETY CHECKLIST**

# At this time, we do not have the capabilities to MRI patients with the following:

- 1. Pacemaker/Defibrillator
- 2. Harrington Rods
- 3. Breast Tissue Expanders

# We need OP notes and/or Make and Model of implants for the following surgeries:

- 1. Any heart, lung or brain surgeries
- 2. Any ear surgeries
- 3. Any aneurysm or vascular surgery
- 4. Eye surgeries (not including cataract surgery)
- 5. Spine surgeries
- 6. Any surgically implanted devices. ex. (RFID chips, Monitors, Bone Stimulator, Spine Stimulator)'

# Before your appointment, we need to know about the following:

- Any history of a gunshot wound to the body
- Any Shrapnel, metal fragments anywhere in body.
- Any injury to your eye with metal
- If you have ingested a small camera for a small bowel endoscopy
- If you are currently on dialysis
- Any previous reaction to CT or MRI contrast
- Any surgeries within the last eight weeks
- Any history of cancer or major diseases
- If you are pregnant or breastfeeding

#### Any of these items MUST be removed prior to your MRI:

- Wigs, hairpiece, hair pins, metallic finger nail polish, magnetic eyelashes
- Body piercings
- Diabetic monitors and patches
- Dental work or hearing aides
- All jewelry
- Dermal Piercings (We can NOT scan a patient in MRI with dermal piercings)

#### MRI is best for:

- > Joint, Soft Tissue Injury or Infection
- > Arthrogram
- > Brachial Plexus
- > Brain Tumor or Metastases
- > Cervical Non Trauma
- > IACs
- > Spine Non Trauma
- > Multiple Sclerosis
- > Parkinson's
- > Pituitary/Sella/ Orbits
- > Thoracic Non Trauma
- > Characterization of known liver masses
- > Biliary Imaging
- > Female Pelvis

#### CT is best for:

- > Abdominal Aortic Aneurysm
- > Trauma
- > Calcium Scoring
- Interstitial Lung Disease/Lung Pathology
- > Intracranial Hemorrhage
- > Lung Nodule
- > Abdominal & Pelvic Pain
- > Pulmonary Embolism
- > Renal Mass/Stone
- > Sinus
- > Soft Tissue Neck
- > Carotid/Renal Artery (CTA)
- > Pancreatic Mass

#### **Ultrasound** is best for:

- > RUQ Pain
- > Pelvic Mass/Pain (female)
- > Thyroid

#### MRI ABDOMEN AND PELVIS

PROCEDURE	SYMPTOMS/CONCERNS	CONTRAST	CPT CODE
MRI abdomen w/ and w/o contrast	<ul> <li>Abdominal pain</li> <li>Any complaint or pain related to liver, spleen, pancreas or kidneys</li> <li>Common bile duct or gallbladder concerns</li> <li>Pancreatic duct</li> </ul>	Yes	<i>7</i> 4183
MRI enterography w/and w/o contrast	<ul><li>Crohns disease</li><li>Inflammatory bowel disease</li><li>Ischemic bowel disease</li></ul>	Yes Oral & IV Contrast	74183, 72197
MRI pelvis w/o contrast	<ul> <li>Coccyx fracture</li> <li>Pubic arthralgia</li> <li>Sacroiliitis</li> <li>Stress fracture</li> <li>Pelvis fracture</li> <li>Sacral fracture</li> <li>Sports hernia</li> <li>If mass, needs IV Contrast</li> </ul>	No	72195
MRI pelvis w/ and w/o contrast (must provide PSA labs)	Prostate cancer screening, staging or follow up	Yes Needs Fleet enema	72197
MRI pelvis female GYN w/ and w/o contrast	Adenomyosis     Dermoid     Fibroid     Infection or tumor     Post menopausal bleeding     Uterine mass     Cervical cancer     Family history of uterine of cervical tumor     Ovarian disease     Vaginal cancer	Yes	72197
MRI MRCP	Special visualization of pancreatic ducts & bile ducts	No	

# MRI SPINE C-spine, T- spine, L-spine

PROCEDURE	SYMPTOMS/CONCERNS	CONTRAST	CPT CODE
MRI spine w/o contrast C-spine, T-spine, L-spine	<ul> <li>Pain</li> <li>Trauma/fracture</li> <li>Degenerative disc disease</li> <li>Radiculopathy</li> <li>Herniated disc</li> <li>Stenosis</li> </ul>	No	C-spine 72141 T-spine 72146 L -spine 72148
MRI spine w/ and w/o contrast C-spine (Does not need contrast for previous surgery) T-spine and L-spine does need contrast for surgery.	<ul> <li>Infection</li> <li>Hematoma</li> <li>MS</li> <li>Tumor/cancer</li> <li>Surgery (except C-Spine)</li> </ul>	Yes	C-spine 72156 T-spine 72157 L-spine 72158

# MRI BRAIN/HEAD/NECK

PROCEDURE	SYMPTOMS/CONCERNS	CONTRAST	CPT CODE
MRI brain w/ and w/o contrast	<ul> <li>Bells Palsy</li> <li>Hearing loss</li> <li>Dizziness</li> <li>Meningitis</li> <li>Metastatic brain disease</li> <li>Seizures</li> <li>Brain tumor</li> <li>Headaches (depends on associated clinical history)</li> <li>Multiple sclerosis</li> <li>History of cancer</li> </ul>	Yes	70553
MRI brain w/o contrast	Ataxia     Dementia     Traumatic brain injury     CVA     Headaches (depends on associated clinical history)	No	70551
MRI orbits only w/ and w/o contrast	<ul><li>Loss of vision</li><li>Optic neuritis</li><li>Ocular mass or tumor</li><li>Visual disturbance</li></ul>	Yes	70553 70543
MRI face/orbit, neck w/ and w/o contrast	Infection of the soft tissue neck, tumor, mass or swelling	Yes	70543

# MRI ATHROGRAM Knee, shoulder, wrist, elbow, hip and ankle

PROCEDURE	SYMPTOMS/CONCERNS	CONTRAST	CPT CODE
MRI arthrogram	Ankle pain     Hip pain w/ concern for labral tear     Knee pain for unstable osteochondral lesion     Knee pain with prior arthroscopy     Elbow pain     Shoulder pain after dislocation     Concern for labral tear     Rotator cuff tear     Labral tear     Wrist pain/ligament injury or intra articular injury	Yes	73723 MRI joint LOWER extremity 27370 arthro injection 73223 MRI joint UPPER extremity w/contrast 23350

#### **MRI EXTREMITIES**

Please specify area of body to be scanned
Specify ex. (Bone, proximal, distal ,joint, or area of concern)

PROCEDURE	SYMPTOMS/CONCERNS	CONTRAST	CPT CODE
MRI LOWER extremity w/o contrast (thigh, calf, tibia, fibula)	<ul> <li>Fracture to non joint extremity</li> <li>Myositis</li> <li>Soft tissue injury</li> <li>Lipoma</li> <li>Pain</li> <li>Stress response</li> </ul>	No	73718
MRI UPPER extremity w/o contrast (forearm, biceps, triceps)	<ul> <li>Fracture to non joint extremity</li> <li>Myositis</li> <li>Soft tissue injury</li> <li>Lipoma</li> <li>Pain</li> <li>Stress response</li> </ul>	No	73218
MRI joint LOWER extremity w/o contrast (knee or ankle)	<ul><li>Evaluate for bony or soft tissue pathology</li><li>Joint point</li></ul>	No	73221
MRI w/ and w/o contrast	Tumor or infection of extremity	Yes	73220 UPPER extremity (non-joint) 73720 LOWER extremity (non-joint)

#### CT CHEST

PROCEDURE	SYMPTOMS/CONCERNS	CONTRAST	CPT CODE
CT chest w/o contrast	<ul> <li>Follow up when contrast is contradicted</li> <li>Contraindication to iodine</li> <li>Follow up lung nodule</li> <li>Renal insufficiency</li> </ul>	No	71250
CT Chest w/o and w/ IV contrast	<ul> <li>Pneumonia</li> <li>Cough</li> <li>Chronic shortness of breath</li> <li>Cancer</li> <li>Chest mass</li> <li>Hemoptysis</li> </ul>	Yes - IV	71270
CT Chest w/ IV contrast	<ul> <li>Pneumonia</li> <li>Cough</li> <li>Chronic shortness of breath</li> <li>Cancer</li> <li>Chest mass</li> <li>Hemoptysis</li> </ul>	Yes - IV	71260
CT lungs- low dose screening w/o Contrast	Low dose lung cancer screening	No	71271
CTA chest w/ and w/o contrast	<ul> <li>Evaluate for pulmonary embolism</li> <li>Assess Thoracic Aorta</li> <li>Aortic Aneurysm</li> </ul>	Yes - IV	71275

# **CT OF THE SPINE**

PROCEDURE	SYMPTOMS/CONCERNS	CONTRAST	CPT CODE
CT cervical spine w/o contrast	<ul><li>Compression fracture</li><li>Trauma (cervical spine)</li><li>Neck pain</li></ul>	No	72125
CT lumbar spine w/o contrast	<ul> <li>Compression fracture (lumbar spine)</li> <li>Low back pain</li> <li>Trauma (lumbar spine)</li> </ul>	No	72131
CT thoracic spine w/o contrast	<ul><li>Compression fracture</li><li>Mid back pain</li><li>Trauma</li></ul>	No	72128

# CT ABDOMEN AND PELVIS

PROCEDURE	SYMPTOMS/CONCERNS	CONTRAST	CPT CODE
CT abdomen and pelvis w/and w/o contrast (liver protocol)	Liver mass	Yes - IV	74178
CT abdomen and pelvis w/and w/o contrast (adrenal protocol)	Adrenal mass	Yes - IV	74170
CT abdomen and pelvis w/and w/o contrast (kidney/ renal protocol)	Renal mass	Yes - IV	74178
CT abdomen and pelvis w/and w/o contrast (pancreas protocol)	Pancreatic mass	Yes - IV	74178
CT abdomen and pelvis w/and w/o contrast or CT abdomen w/contrast	Upper abdominal pain	Yes - IV Yes Oral	74178 74160
CT abdomen w/o continued (i.e. renal insufficier)	ontrast can be ordered when contro ncy or allergy)	ıst is contrain	dicated
CT abdomen and pelvis w/o contrast or CT abdomen and pelvis w/contrast	<ul> <li>Abdominal pain</li> <li>Adenopathy</li> <li>Bowel obstruction</li> <li>Diverticulitis</li> <li>Mass</li> <li>Appendicitis</li> <li>Cancer</li> <li>Constipation</li> <li>Lymph node enlargement</li> </ul>	Yes - IV Yes Oral	74176 74177
CT abdomen/pelvis	can be ordered w/o contrast if cont	rast is contra	indicated.
CT abdomen and pelvis w/o contrast (kidney stone protocol)	<ul><li>Flank pain</li><li>Renal stone</li><li>Renal stone followup</li></ul>	No Drink Water	74176

<sup>\*</sup>W/O & W IV contrast always preferred. Insurance and referrals may override.

# CT HEAD AND NECK

PROCEDURE	SYMPTOMS/CONCERNS	CONTRAST	CPT CODE
CT of the head and brain w/o contrast	Ataxia     CVA     Dementia     Headaches     Traumatic brain injury (acute)	No	70450
CT of the head and brain w and w/o contrast (consider MRI first)	<ul><li>Ataxia</li><li>CVA</li><li>Headaches</li><li>Brain tumor</li><li>Dementia</li></ul>	Yes contrast Depends on associated clinical history	70470
CT maxillofacial w/o contrast	Possible fracture     Trauma	No	70486
CT orbit w and w/o contrast	Trauma Swelling	Yes - IV contrast	70480
CT sinus w/o contrast	<ul><li>Facial pain</li><li>Sinusitis</li></ul>	No	70486
CT soft tissue neck w/ and w/o contrast	<ul><li>Lymphadenopathy</li><li>Mass</li><li>Swelling</li></ul>	Yes - IV contrast	70491
CT temporal bones w/o contrast	<ul><li>Earache</li><li>Hearing loss</li><li>Cholesteatoma</li></ul>	No	70480

#### **CT EXTREMITIES**

PROCEDURE	SYMPTOMS/CONCERNS	CONTRAST	CPT CODE
CT extremity LOWER w/o contrast	<ul><li>Fracture</li><li>Swelling</li><li>Pain</li></ul>	No	73700
CT extremity UPPER w/o contrast	<ul><li>Fracture</li><li>Swelling</li><li>Pain</li></ul>	No	73200
CT Lower extremity w/ contrast	R/O infection/abscess	Yes - IV contrast	73701
CT upper extremity w/ contrast	R/O infection/abscess	Yes - IV contrast	73201

#### **ULTRASOUND OF ABDOMEN**

PROCEDURE	SYMPTOMS/CONCERNS	CPT CODE
US abdominal LTD RUQ (evaluates pancreas, liver, gallbladder, CBD and right kidney)	<ul> <li>Abnormal liver test</li> <li>Fatty liver</li> <li>Jaundice</li> <li>RUQ (right upper quadrant) pain</li> <li>Evaluate for stones in gallbladder or right kidney</li> <li>Nausea or vomiting</li> <li>Evaluate for Liver disease</li> </ul>	767705
US abdomen complete (evaluates pancreas, liver, CBD, kidneys, spleen, gallbladder and aorta)	<ul> <li>Generalized abdomen pain</li> <li>Abnormal liver test</li> <li>Epigastric or Back pain</li> <li>Nausea or vomiting</li> <li>Ascites</li> <li>Evaluate for abdomen mass</li> <li>Jaundice</li> <li>Stones in kidney or gallbladder</li> <li>Evaluate for liver disease</li> </ul>	76700
US aorta	<ul><li>Aorta screening</li><li>Abdominal aortic aneurysm</li><li>Abdominal bruit</li></ul>	76706
US renal	<ul> <li>Abnormal kidney labs</li> <li>Kidney stones</li> <li>Flank pain</li> <li>Hematuria</li> <li>UTI</li> <li>Bladder</li> <li>Evaluate post void residual</li> </ul>	76770
Liver Elastrography	<ul> <li>Checks the liver for fibrosis and stiffness</li> </ul>	<i>7</i> 6981

# **ULTRASOUND OF PELVIS**

PROCEDURE	SYMPTOMS/CONCERNS	CPT CODE
US pelvis Transvaginal and Transabdominal	<ul> <li>Abnormal bleeding</li> <li>Bloating</li> <li>Endometriosis</li> <li>Pelvic pain</li> <li>Mass/cyst</li> <li>Fibroids</li> </ul>	76856 76830
US Bladder	<ul><li>Bladder mass/stones</li><li>Evaluate bladder</li><li>Evaluate post void residual</li></ul>	76857

#### **ULTRASOUND VASCULAR**

PROCEDURE	SYMPTOMS/CONCERNS	CPT CODE
US arterial- Lower or Upper extremity	<ul> <li>Coldness in feet or hands</li> <li>Leg or Arm Numbness or weakness</li> <li>Non-healing ulcers of sores</li> <li>Absent or decreased pulses</li> <li>Rest Pain</li> </ul>	93923
US carotid duplex	<ul> <li>Bruit</li> <li>Headache, confusion or stroke</li> <li>Vertigo or dizziness</li> <li>Hyperlipidemia</li> <li>Visual disturbance</li> </ul>	93880
US Venous Lower or Upper Unilateral Extremity	<ul> <li>Edema</li> <li>Pain in extremity</li> <li>Evaluate for DVT</li> <li>Redness or warmth</li> </ul>	93971
US Venous Lower or Upper Bilateral Extremity	<ul> <li>Edema</li> <li>Pain in extremity</li> <li>Evaluate for DVT</li> <li>Redness or warmth</li> </ul>	93970
Renal Artery Duplex	Evaluates Renal Arteries & Kidneys to rule out stenosis of the renal arteries     Hypertension	93975
Mesenteric Duplex	<ul> <li>Evaluates Celiac, SMA and IMA for Stenosis</li> <li>Postprandial pain</li> </ul>	93976
Liver Duplex	<ul> <li>Evaluates portal veins, hepatic veins and hepatic arteries</li> <li>Portal hypertension</li> <li>Liver transplant</li> </ul>	93975

# **ULTRASOUND SMALL PARTS / NON-VASCULAR**

PROCEDURE	SYMPTOMS/CONCERNS	CPT CODE
Upper/lower nonvascular extremity	<ul> <li>Joint pain</li> <li>Tendon pain</li> <li>Evaluate for Bakers cyst</li> <li>To detect cyst, lipoma, abcess, neuroma, ganglion cyst</li> <li>Evaluate for foreign body</li> </ul>	76882
US Thyroid, neck or salivary gland	<ul> <li>Goiter</li> <li>Palpable neck mass</li> <li>Abnormal thyroid tests/thyroiditis</li> <li>Parotid gland evaluation</li> <li>Submandibular gland evaluation</li> <li>Evaluate cervical lymph nodes</li> </ul>	76536
US scrotum	<ul> <li>Mass</li> <li>Pain</li> <li>Swelling and tenderness</li> <li>Evaluate for torsion, hydrocele or varioscele</li> </ul>	76870
Shoulder Ultrasound	Shoulder Pain     Decreased range of motion     Evaluates complete rotator cuff (Complete)     Evaluates specific or limited shoulder tendons (e.g. bicep or supraspinatus tendon)	Complete 76881 Limited 76882
Hernia Ultrasound	Evaluates for abdominal, inguinal or ventral hernia	76705

#### C-ARM FLUOROSCOPY - FLUORO GUIDED

PROCEDURE	SYMPTOMS/CONCERNS	CPT CODE
Lumbar spine Epidural Steroid Injection (ESI) Transforaminal, Caudal, and Interlaminar	Lumbar radiculopathy	To Be Determined
Lumbar spine facet joint injections	Low back pain     Lumbago	To Be Determined
Lumbar myelogram	<ul><li>Lumbar radiculopathy</li><li>Low back pain</li><li>Lumbago</li></ul>	To Be Determined
Wrist, elbow, shoulder, hip, knee, ankle, and foot steroid injections and arthrogram	<ul> <li>Wrist pain</li> <li>Elbow pain</li> <li>Shoulder pain</li> <li>Knee pain</li> <li>Ankle pain</li> <li>Foot pain</li> </ul>	To Be Determined

# CT GUIDED

PROCEDURE	SYMPTOMS/CONCERNS	CPT CODE
Sacroiliac joint	Sacroiliitis     Low back pain	To Be Determined
Acromioclavicular joint	Shoulder pain	To Be Determined
Sternoclavicular joint	Shoulder and chest pain	To Be Determined
Iliopsoas	Hip pain	To Be Determined
Piriformis	Piriformis syndrome     Sciatic pain	To Be Determined
Ischium	<ul><li>Ischial bursitis</li><li>Buttock pain</li><li>Hamstring tendonpathy</li></ul>	To Be Determined

#### **NUCLEAR MEDICINE 1**

PROCEDURE	SYMPTOMS/CONCERNS	CPT CODE
Gastric Empty Study	<ul> <li>Gastroduodenal disease</li> <li>Dumping syndrome</li> <li>Absorption rate</li> <li>Vomiting</li> <li>Reflux</li> <li>Gastroparesis</li> </ul>	78264
GI Bleed Scan	GI Bleed Rectal bleeding Bloody stool Tarry stool	78278
HIDA	Bile leak     Abdominal pain	78226
HIDA with EF (If gallbladder ejection fraction is desired, enter "with EF" on order, as opposed to "with CCK", "KINEVAC", "ENSURE", etc.)	<ul> <li>Abdominal Pain</li> <li>RUQ Pain</li> <li>Bloating</li> <li>Nausea</li> <li>Vomiting</li> <li>Pancreatitis</li> <li>R/O cholecystitis</li> <li>Bile duct obstruction.</li> </ul>	78227
Hemangioma Planar	Evaluation of liver masses     suspected to be hemangiomas	78201
Hemangioma SPECT	Evaluation of liver masses     suspected to be hemangiomas	78205
Liver/Spleen Scan Liver SPECT	<ul> <li>Abnormal liver functions</li> <li>Space occupying lesions</li> <li>Trauma</li> <li>Hepatic or splenic disorders</li> <li>Liver metastases</li> <li>Hepatomegaly</li> </ul>	78215 78205
Meckel's Diverticulum	Investigation of ectopic gastric mucosa.     Bleeding involvement of the heterotopic mucosa.	78290

# **NUCLEAR MEDICINE 2**

PROCEDURE	SYMPTOMS/CONCERNS	CPT CODE
Renal Scan Only	<ul> <li>Evaluation of renal function</li> <li>R/O obstruction</li> <li>Blood in urine.</li> </ul>	78707
Renal Scan w/ Lasix	<ul> <li>Evaluation of renal function</li> <li>Hydronephrosis</li> <li>Status post-surgery for ureteropelvic or vesicoureteral junction stenosis/ obstruction.</li> </ul>	78708

#### **NUCLEAR MEDICINE 3**

PROCEDURE	SYMPTOMS/CONCERNS	CPT CODE
3 Phase Bone Scan	<ul> <li>Evaluate non-compression fracture</li> <li>Evaluate CRPS/RSD</li> <li>R/O loosening of prosthesis without concern for infection.</li> </ul>	78315
3 Phase Bone Scan + Indium Scan + Bone Marrow Scan	R/O both infection and loosening of prosthesis or to evaluate osteomyelitis without prosthetic	78315 78803 78102
Indium Scan + Bone Marrow Scan	Abscess or infection of prosthesis without concern for loosening	78803 78102
Limited Bone Scan	Localized bone pain     (No history and/or concern for cancer and no concern for fracture)	78300
SPECT Bone Scan	<ul> <li>Back Pain</li> <li>Evaluate fractures of the spine</li> <li>Post-operative spine evaluation</li> <li>Infection</li> <li>Spondylolysis evaluation</li> </ul>	78803
SPECT Gallium-67 Scan + SPECT Bone Scan	Vertebral Osteomyelitis	78803 78803
Whole Body Bone Scan	<ul> <li>Evaluation of skeletal metastases</li> <li>History of cancer or of inflammatory joint disease</li> </ul>	78306

# **NUCLEAR MEDICINE 4**

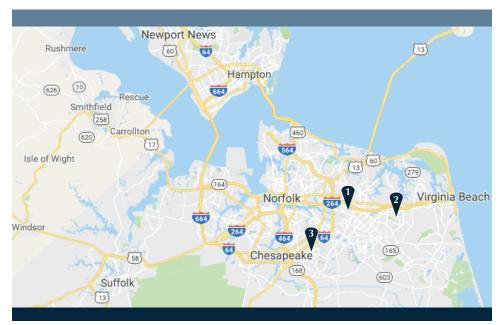
PROCEDURE	SYMPTOMS/CONCERNS	CPT CODE
Ceretec WBC Study	<ul><li>FUO, Increased WBC count</li><li>Sepsis/Infection</li></ul>	78800
Gallium Scan-Tumor	<ul><li>Lymphoma - Hodgkin's</li><li>Non-Hodgkin's</li></ul>	78802
Gallium Scan Whole Body- Infection	• FUO	78802
Indium Scan Whole Body + Bone Marrow Scan Whole Body	<ul><li>FUO</li><li>Increased WBC count</li><li>Sepsis/Infection</li></ul>	78802 78104
Octreoscan + Tumor Localization SPECT	<ul> <li>Neuroendocrine tumor</li> <li>Carcinoid</li> <li>Pheochromocytoma</li> <li>Gastinoma</li> <li>Islet cell carcinoma</li> <li>Insulinoma</li> <li>Pituitary adenoma</li> <li>Small cell lung carcinoma</li> </ul>	78804 78803

#### **NUCLEAR MEDICINE 5**

PROCEDURE	SYMPTOMS/CONCERNS	CPT CODE
Gallium Scan-Chest/ Lung + Inflammation imaging	<ul><li>Lung infections</li><li>Sarcoidosis</li></ul>	78800
Nuclear Lung Scan - V/Q Ventilation & Perfusion	SOB     Chest Pain	78582
Pulmonary Quantitative Differential Function without Ventilation Study	Decreased O2 says     Evaluation for pulmonary embolism  ***AN ORDER FOR A P/A & LATERAL CHEST X-RAY MUST ACCOMPANY ALL NUCLEAR LUNG SCANS, UNLESS PATIENT HAS HAD ONE WITHIN 24 HOURS OF THE NUCLEAR APPOINTMENT. ***	78597
Pulmonary Quantitative Differential Function with Ventilation Study		78598 78104

#### **NUCLEAR MEDICINE 6**

PROCEDURE	SYMPTOMS/CONCERNS	CPT CODE
Parathyroid Planar	<ul><li>Parathyroid adenoma</li><li>Hyperparathyroidism</li><li>Hypercalcemia</li></ul>	78070
Parathyroid SPECT	<ul><li>Parathyroid adenoma</li><li>Hyperparathyroidism</li><li>Hypercalcemia</li></ul>	78071

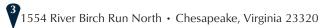




#### **MRI & CT DIAGNOSTICS**

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MRI, CT, Ultrasound, PVL, X-Ray, Nuclear Medicine
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