



Imaging Healthcare

SPECIALISTS

Patient: _____
 Last Name First Name
 Date of Birth: _____ (MM/DD/YYYY)
 Patient Phone: _____
 Insurance Company: _____ ☐ Private Pay
 Insurance ID #: _____
 Insurance Auth. #: _____ CDSM/AUC# _____
☐ AUTHORIZATION ASSIST, MUST FAX INSURANCE CARD & CHART NOTES
☐ STAT (Referring office must obtain authorization if required)

● MRI ● MRA ● MRI ARTHROGRAM

*If with contrast and over 70 years old, diabetic or renal insufficiency need GFR _____

Body Region: _____
☐ Left ☐ Right ☐ Bilateral
☐ With & Without Contrast ☐ Without (No) Contrast
 Prostate Imaging for Cancer with 3D Rendering (preferred)
 Screening Diagnostic

Creatinine Level: _____ Date Drawn: _____ (MM/DD/YYYY)

● CT ● CTA (Angiogram) ● CT MYELOGRAM ● CT Arthrogram ● Cardiac CTA

*If with contrast and over 70 years old, diabetic or renal insufficiency need GFR _____

Body Region: _____
☐ Left ☐ Right
☐ With & Without Contrast ☐ Without (No) Contrast ☐ With Contrast
☐ Small Bowel ☐ Renal Stone Protocol ☐ Coronary Calcium Score
☐ CT Colonography (Virtual Colonoscopy)
☐ Lung Cancer Screening (G0297) *Lung Cancer Screening Form Required

PET/CT

Tumor Imaging ☐ FDG Skull Base to Mid-Thigh (78815)
☐ FDG Whole Body (Melanoma/Sarcoma) (78816)
☐ Ga-68 Dotatate Neuroendocrine Tumor
 Brain Imaging ☐ Brain Scan w/FDG (78608)
☐ Brain Scan w/Amyloid (78608)
 Metastatic Imaging ☐ Prostate Scan/Fluciclovine F-18 (Axumin) (78815)
☐ WB Bone Scan w/F-18 Sodium Fluoride (78816)

Nuclear Medicine

Bone Scan ☐ Limited (78300)*
☐ Whole Body (78306)
☐ 3-Phase (78315)*
☐ SPECT (78320)*
 Brain Scan ☐ Brain DaTScan
 WBC Scan ☐ Limited (78800)*
☐ Whole Body (78802)
☐ Biliary Scan with Ejection Fraction
 Thyroid Scan ☐ TC-99M Thyroid Scan Only (78013)
☐ Single 24 Hour Uptake and Scan (78014)
☐ Multiple 4 and 24 Hour Uptake and Scan (78014)
☐ MUGA (78472)
☐ Renogram with Lasix
☐ Parathyroid Scan with SPECT
☐ Other: _____

*Specify Body Region: _____

Osteoporosis Detection

☐ QCT ☐ DEXA ☐ DEXA Hip & Spine (77080) ☐ DEXA Wrist (77081)

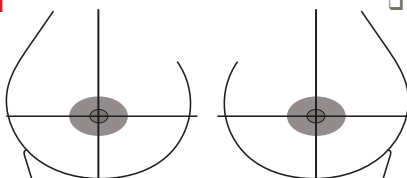
Breast Imaging

Mammography Breast MRI Breast Ultrasound

☐ Screening ☐ with 3-D Mammogram (Tomosynthesis)
☐ Diagnostic ☐ with 3-D Mammogram (Tomosynthesis)
☐ Left ☐ Right ☐ Bilateral
☐ Lump or Mass ☐ with Ultrasound
☐ Left ☐ Right
☐ Pain or Tenderness (non-cyclical) ☐ with Ultrasound
☐ Left ☐ Right
☐ Discharge ☐ with Ultrasound
☐ Left ☐ Right
☐ High-Risk Breast Cancer Assessment
☐ Stereotactic Biopsy
☐ Left ☐ Right ☐ Bilateral
☐ Other: _____

RIGHT

LEFT



Mark the clinical interest of concern in the diagram

☐ with contrast (Cancer Screening)
☐ without (No) contrast (For Implant Integrity)
☐ MRI Breast Biopsy
☐ Left ☐ Right ☐ Bilateral

☐ Targeted Ultrasound (for isolated palpable findings)
☐ Left ☐ Right ☐ Bilateral
☐ Diagnostic mammogram required with targeted ultrasound.
 O'clock position _____
 Centimeters from nipple _____
☐ Call back
☐ Screening Complete (76641)
☐ Ultrasound Guided Biopsy
☐ Left ☐ Right ☐ Bilateral
☐ Ultrasound Cyst Aspiration
☐ Left ☐ Right ☐ Bilateral
☐ Hookwire Localization

Patient Scheduling:
 Phone 858 658 6500
 Fax 866 558 4329

Call for Appointment
 Espanol 858 658 6400
 TAX ID: 47-3394746
 NPI: 149 714 8456

Order Online:
 myihsonline.com

Today's Date: _____ (MM/DD/YYYY)
 Referring Physician: _____
 Physician Phone: _____

Reason for Exam and ICD-10 code:

MUST PROVIDE SEPARATE REASON/ICD-10 FOR EACH EXAM REGION (REQUIRED)

X-ray (Walk-In Only)

Body Region: _____ # of Views: _____
☐ Left ☐ Right ☐ Bilateral ☐ Weight Bearing

Body Region: _____ # of Views: _____
☐ Left ☐ Right ☐ Bilateral ☐ Weight Bearing

Body Region: _____ # of Views: _____
☐ Left ☐ Right ☐ Bilateral ☐ Weight Bearing

Interventional Radiology

PICC Line ☐ Placement ☐ Removal

Portacath ☐ Placement ☐ Removal

☐ Image Guided Biopsy
☐ Paracentesis (Abdomen)
☐ Thoracentesis (Chest)
☐ Other: _____

Pain Management

Body Region: _____
☐ Steroid Injection
 Joint: _____
☐ Aspiration
 Joint: _____
☐ Foraminal Block
 Level: _____
☐ Facet Block
 Level: _____
☐ Epidural Injection(s)
 Level: _____

Ultrasound General and Vascular

☐ Abdominal Complete ☐ Abdominal Right Upper Quadrant
☐ Abdominal Limited (For focal pain, lump, abdominal hernia and appendix) ☐ Other _____
☐ Kidneys with Bladder ☐ Soft tissue location of mass or lump _____
☐ Bladder Only ☐ Thyroid
☐ Pelvic with Transvaginal ☐ Thyroid FNA
☐ Transvaginal Only ☐ Head and Neck
☐ Pelvic Without (No) Transvaginal ☐ Testicular/Scrotum with Doppler
☐ Pelvic Male (Bladder, prostate measurement, hernia or focal area of pain)
☐ OB (EDD: _____) ☐ Less than 14 weeks ☐ Greater than 14 weeks ☐ Follow-up needed
☐ Transvaginal, if need to evaluate IUP or cvx

Vascular - Venous

LEGS ☐ DVT ☐ Venous Reflux
☐ Left ☐ Right ☐ Bilateral

ARMS

☐ Left ☐ Right ☐ Bilateral

HSG

☐ Hysterosalpingogram (Fluoroscopy guidance)
☐ Saline infused Sonohysterography (SIS) (Ultrasound Guidance) Pelvic US Required
☐ Patient has prior ultrasound on file
☐ Patient needs pelvic ultrasound ordered

FOR ALL PATIENTS

- Payment for services is due at the time of your exam, which may include co-payments, co-insurance and/or deductibles. We accept personal checks and all major credit cards.
- To assist you in processing your insurance claims, please **bring your current insurance card** and photo ID to your appointment.
- Once your exam is complete, you can **access your reports electronically** at myihsonline.com.

Our Imaging Locations

- | | |
|---|---|
| 1 Vista (Ultrasound Services Only)
1000 Vale Terrace Drive
Vista, CA 92084 | 6 Kearny Mesa (MRI Services Only)
3939 Ruffin Road, Ste 102
San Diego, CA 92123 |
| 2 Oceanside (Tri-City)
3601 Vista Way, Bldg A, Ste 101
Oceanside, CA 92056 | 7 San Diego (Alvarado)
6386 Alvarado Court, Ste 121
San Diego, CA 92120 |
| 3 Encinitas
477 N. El Camino Real, Bldg A, Ste 102
Encinitas, CA 92024 | 8 Hillcrest
150 W. Washington Street
San Diego, CA 92103 |
| 4 Poway
12620 Monte Vista Road, Ste A
Poway, CA 92064 | 9 Logan Heights (X-ray/Ultrasound Only)
1809 National Avenue, Ste 2104
San Diego, CA 92113 |
| 5 La Jolla (Golden Triangle)
4150 Regents Park Row, Ste 195
La Jolla, CA 92037 | 10 Chula Vista (South Bay)
333 H Street, Ste 1095
Chula Vista, CA 91910 |



Note: Walk-in X-ray services are available at all locations, excluding Vista and Kearny Mesa.

Please visit imaginghealthcare.com/xray for X-ray hours.

Please bring this form to your appointment.