

**Patient:** \_\_\_\_\_  
Last Name First Name

**Date of Birth:** \_\_\_\_\_ (MM/DD/YYYY)

**Patient Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_  Private Pay

**Insurance ID #:** \_\_\_\_\_

**Insurance Auth. #:** \_\_\_\_\_ AUC \_\_\_\_\_ CDSM \_\_\_\_\_

AUTHORIZATION ASSIST, MUST FAX INSURANCE CARD & CHART NOTES (Excluding HMO)  
 STAT (Referring office must obtain authorization if required)

**CDSM Ref #** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_ (MM/DD/YYYY)

**Referring Physician:** \_\_\_\_\_

**Physician Phone:** \_\_\_\_\_

**FAX #:** \_\_\_\_\_

**Reason for Exam and ICD-10 code:**  
MUST PROVIDE SEPARATE REASON/ICD-10 FOR EACH EXAM REGION (REQUIRED)

\_\_\_\_\_

\_\_\_\_\_

**● MRI ● MRA ● MRI ARTHROGRAM**

\*If with Eovist 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  Biopsy

**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  Lung Cancer Screening (71271) \*Lung Cancer Screening Form Required

**Creatinine Level:** \_\_\_\_\_ **Date Drawn:** \_\_\_\_\_ (MM/DD/YYYY)

**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 Flouride (78816)  
 Cerianna (78815) Estrogen-receptor positive lesions in recurrent or metastatic breast cancer

**Nuclear Medicine**

**Bone Scan**

Limited (78300) \*  Biliary Scan with Ejection Fraction  
 Whole Body (78306)  Thyroid Scan  
 3-Phase (78315)\*  TC-99M Thyroid Scan Only (78013)  
 SPECT (78320)\*  Single 24 Hour Uptake and Scan (78014)  
 Multiple 4 and 24 Hour Uptake and Scan (78014)

**Brain Scan**

Brain DaTScan  MUGA (78472)

**WBC Scan**

Limited (78800)\*  Renogram with Lasix  
 Whole Body (78802)  Parathyroid Scan with SPECT

Other: \_\_\_\_\_

\*Specify Body Region: \_\_\_\_\_

**Osteoporosis Detection**

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

**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**

Interventional Radiology Consult

Limb Salvage (Claudication, Critical Limb Ischemia)  
 Women's Health (Fibroids, Pelvic Congestion)  
 Men's Health (Benign Prostate Hyperplasia (BPH) Varicocele)

Back Pain (Kyphoplasty)  
 Image Guided Biopsy  
 Paracentesis (Abdomen)  
 Thoracentesis (Chest)

**PICC Line**

Placement  Removal

**Port**

Placement  Removal

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

**Vascular - Arterial**

Carotid Duplex Arterial bilateral  
 Renal arterial doppler

Screening AAA  
 Arterial Bilateral Legs with ABI

**HSG**

Hysterosalpingogram (Flourosocopy guidance)

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

**Breast Imaging**

**Mammography**

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: \_\_\_\_\_

Mark the clinical interest of concern in the diagram

**Breast MRI**

with contrast (Cancer Screening)  
 without (No) contrast (For Implant Integrity)

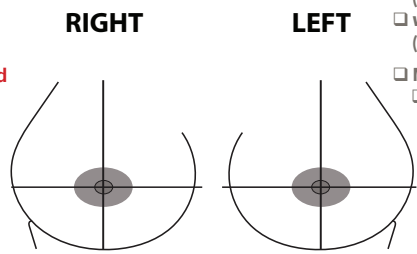
MRI Breast Biopsy  
 Left  Right  Bilateral

**Breast Ultrasound**

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 Apiration  
 Left  Right  Bilateral  
 Hookwire Localization



## 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
- 2 Oceanside (Tri-City)**  
3601 Vista Way, Bldg A, Ste 101  
Oceanside, CA 92056
- 3 Encinitas**  
477 N. El Camino Real, Bldg A, Ste 102  
Encinitas, CA 92024
- 4 Poway**  
12620 Monte Vista Road, Ste A  
Poway, CA 92064
- 5 La Jolla (Golden Triangle)**  
4150 Regents Park Row, Ste 195  
La Jolla, CA 92037
- 6 Kearny Mesa (MRI Services Only)**  
3939 Ruffin Road, Ste 102  
San Diego, CA 92123
- 7 San Diego (Alvarado)**  
6386 Alvarado Court, Ste 121  
San Diego, CA 92120
- 8 Hillcrest**  
150 W. Washington Street  
San Diego, CA 92103
- 9 Logan Heights (X-ray/Ultrasound Only)**  
1809 National Avenue, Ste 2104  
San Diego, CA 92113
- 10 National City (MRI/Mammography/Ultrasound Only)**  
2427 Transportation Avenue  
National City, CA 91950
- 11 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, Kearny Mesa, and National City.  
Please visit [imaginghealthcare.com/xray](http://imaginghealthcare.com/xray) for X-ray hours.*

**Please bring this form to your appointment.**