

Patient: _____
Date of Birth: _____ LAST FIRST (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) CDSM Ref # _____
 ASAP/URGENT REQUEST (Referring office must obtain authorization if required)
 STAT Requests require office to call 858-658-6500 (Referring office must obtain authorization if required)

● MRI ● MRA ● MRI ARTHROGRAM

*If with Eovist contrast and over 70 years old, diabetic or renal insufficiency need GFR lab results.

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

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

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

Body Region: _____
 With Contrast Without (No) Contrast With & Without Contrast
 Renal Stone Protocol (74176) Coronary Calcium Score (75571)
 Lung Cancer Screening (71271) *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)
 PSMA Prostate Scan (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)*
 Whole Body (78306)
 3-Phase (78315)*
 Spect (78803)* (preferred for all spine bone scans)

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 (78707)
 Parathyroid scan with SPECT (78071)
 Other: _____

*Specify Body Region: _____

Osteoporosis Detection

QCT DEXA Hip & Spine (77080) (Most common) DEXA/Wrist (77081)

Breast MRI

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

Breast Ultrasound

Targeted Ultrasound (for isolated palpable findings)
 Left O'clock _____
 Right O'clock _____
 Bilateral O'clock _____

Diagnostic mammogram required with targeted ultrasound
 Bilateral Unilateral Left Right

Callback as recommended by Radiologist
 6 month follow-up as recommended by radiologist

Screening Complete Unilat (76641)
 Left Right

Ultrasound Guided Biopsy
 Left Right

Ultrasound Cyst Aspiration
 Left Right

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)

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 Book
Level: _____
 Epidural Injection(s)
Level: _____

Ultrasound General and Vascular

- Abdominal Complete
- Abdominal Limited (For focal pain, lump, abdominal hernia and appendix) Other: _____
- Kidneys with Bladder
- Bladder Only
- Pelvic with Transvaginal
- Transvaginal Only
- Pelvic Without (No) Transvaginal
- Pelvic Male (Bladder, prostate measurement, or focal area of pain)
- Abdominal Right Upper Quadrant
- Soft tissue location mass or lump
- Thyroid
- Thyroid FNA
- Head and Neck
- Testicular/Scrotum with Doppler
- Groin r/o inguinal hernia- palpable mass or lump (76882)

OB (EDD: _____ Adjusted EDD post 1st US results: _____)
 Less than 14 weeks Greater than 14 weeks Follow-up needed Transvaginal, if need to evaluate IUP or CVX

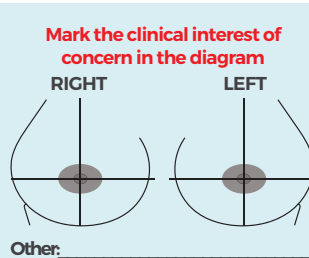
- Vascular - Venous
 - Legs DVT Venous Reflux
 - Left Right Bilateral
 - Arms
 - Left Right Bilateral
- Vascular - Arterial
 - Carotid Duplex Arterial Bilateral
 - Renal arterial doppler
 - Screening AAA
 - Arterial Bilateral Legs with ABI

HSG

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

Mammography Tomosynthesis

- Screening Tomosynthesis: Always Bilateral for Routine Screening - No current breast symptoms
- Diagnostic Tomosynthesis: Order Bilateral if NEW breast symptoms, Unilateral if new symptoms present within 1 year from last screening.
 Left Right Bilateral
- Lump or Mass with Ultrasound Targeted (76642) Left Right _____



- Pain or Tenderness (non-cyclical)
 - with Ultrasound Complete (76641)
 - Left Right _____
- Discharge
 - with Ultrasound Targeted (76642)
 - Left Right
- Callback as recommended by Radiologist
 6 month follow-up as recommended by radiologist
- Stereotactic Biopsy — Left Right
- High-Risk Breast Cancer Assessment

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**.

- | | |
|--|--|
| <p>1 Vista
(Ultrasound Services Only)
1000 Vale Terrace Drive
Vista CA 92084</p> | <p>7 San Diego (Alvarado)
6386 Alvarado Court Ste 121
San Diego, CA 92120</p> |
| <p>2 Oceanside (Tri-City)
3601 Vista Way Bldg A, Ste 101
Oceanside, CA 92056</p> | <p>8 Hillcrest
150 W. Washington Street
San Diego, CA 92103</p> |
| <p>3 Encinitas
477 N. El Camino Real Bldg A, Ste 102
Encinitas, CA 92024</p> | <p>9 Logan Heights
(X-ray/Ultrasound Only)
1809 National Avenue Ste 2104
San Diego, CA 92113</p> |
| <p>4 Poway
12620 Monte Vista Road Ste A
Poway, CA 92064</p> | <p>10 National City
(MRI, Mammography & Ultrasound Only)
2427 Transportation Avenue
National City, CA 91950</p> |
| <p>5 La Jolla (Golden Triangle)
4150 Regents Park Row Ste 195
La Jolla, CA 92037</p> | <p>11 Chula Vista (South Bay)
333 H Street Ste 1095
Chula Vista, CA 91910</p> |
| <p>6 Kearny Mesa
(MRI Services Only)
3939 Ruffin Road Ste 102
San Diego, CA 92123</p> | |

