

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)
 ☐ GA-68 ILLUCIX (A9596) ☐ F-18 PYLARIFY (A9595)
 ☐ Prefer to order PSMA with radiopharmaceutical imaging agent that is first available
☐ WB Bone Scan w/F-18 Sodium Fluoride (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
 ☐ 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

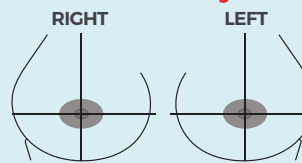
HSG

- ☐ 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: 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 _____

Mark the clinical interest of concern in the diagram



Other: _____

- ☐ 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> | |

