

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 ● 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 ILLUCCIX F-18 PYLARIFY
 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)

Biliary Scan with Ejection Fraction (78827)

Brain Scan
 Brain DaTScan

WBC Scan
 Limited (78800)*
 Whole Body (78802)

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 (78708)
 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

Call back as recommended by IHS Radiologist
 6 month follow-up as recommended by IHS radiologist

Screening Complete Unilat (76641)
 Left Right

Ultrasound Guided Biopsy as recommended by IHS radiologist
 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 Right Upper Quadrant
 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)
 Soft tissue location mass or lump

Thyroid
 Head and Neck

Testicular/Scrotum with Doppler
 Groin r/o inguinal hernia- palpable mass or lump (76882)
 OB less than 14 weeks transabdominal and transvaginal (LMP: _____)
 Venous lower extremity
 DVT Venous Reflux
 Left Right Bilateral

Venous upper extremity
 Left Right Bilateral

Carotid Duplex Arterial Bilateral
 Renal arterial doppler
 Screening AAA
 Aorta Known AAA
 Arterial Bilateral Legs with ABI

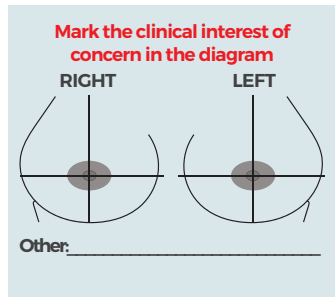
HSG

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. Screening must be completed at IHS.
 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

Call back as recommended by IHS Radiologist
 6 month follow-up as recommended by IHS radiologist

Stereotactic Biopsy as recommended by IHS radiologist — 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
6386 Alvarado Court Ste 121
San Diego, CA 92120</p> |
| <p>2 Oceanside
3601 Vista Way 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
4150 Regents Park Row Ste 195
La Jolla, CA 92037</p> | <p>11 Chula Vista
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> | |

