Phone: 858-658-6500 Español: 858-658-6400 Fax: 866-558-4329

TAX ID: 47-3394746 NPI: 1497148456 myihsonline.com

Today's Date: (mm/dd/yyyy)	Referring Physician:
Patient:	Physician Phone:
Patient:	FAX #:
Patient Best Contact #:	Insurance Company:
Appointment Date: Time:	Insurance ID #:
☐ Please have radiologist call referring physician	Insurance Auth #: AUC CDSM CDSM Ref #
Diagnosis/Comments:	 □ AUTHORIZATION ASSIST, MUST FAX INSURANCE CARD & CHART NOTES (Excluding HMO) □ 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)
Screening Mammogram Tomosynthesis	● Ultrasound
□ Routine Screening □ Screening with Breast Implants	☐ Focal Breast Ultrasound (limited 76642) OLump or Mass OFocal Pain or Tenderness ORight Area O Left Area
Diagnostic Mammogram Tomosynthesis (with ultrasound preferred) Indications	☐ Ultrasound Guided Biopsy as recommended by IHS radiologist ORight Area
□ Lump or Mass	Osteoporosis Detection
Owith limited ultrasound 76642 (preferred Protocol) ORight AreaO Left Area	□ QCT
ThickeningOwith limited ultrasound 76642 (preferred Protocol)ORight AreaO Left Area	□ DEXA Hip and Spine (77080)□ DEXA Wrist (77081)
☐ Focal Pain or Tenderness (non-cyclical) ☐ Owith limited ultrasound 76642 (preferred Protocol)	Additional Procedures
Owith limited ultrasound 76642 (preferred Protocol) ORight Area O Left Area	☐ Breast MRI, Bilateral
□ Discharge Owith limited ultrasound 76642 (preferred Protocol) ORight Area □ O Left Area	☐ Stereotactic Biopsy as recommended by IHS radiologist
☐ Personal History of Breast Cancer, Bilateral	ORight Area O Left Area
□ Other:	MRI Guided Biopsy as recommended by IHS radiologistORight Area
Please mark area of interest on diagram 12 12	□ Hook Wire ○Right Area ○ Left Area
	☐ Ductogram
	☐ Other:
9 3 9 3 3	Patient Reminder: The day of your exam please remember to wear a two piece outfit and avoid any powders, lotions, perfumes, and deodorants. Thank you. Additional Comments:

Right

Left



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.
- Oceanside
 3601 Vista Way
 Ste 101
 Oceanside, CA 92056
- **Encinitas**477 N. El Camino Real
 Bldg A, Ste 102
 Encinitas, CA 92024
- Poway
 12620 Monte Vista Road
 Ste A
 Poway, CA 92064
- 4150 Regents Park Row Ste 195 La Jolla, CA 92037
- (MRI Services Only) 3939 Ruffin Road Ste 102 San Diego, CA 92123
- 6 San Diego 6386 Alvarado Court Ste 121 San Diego, CA 92120

- 7 Hillcrest 150 W. Washington Street San Diego, CA 92103
- (MRI, Mammography & Ultrasound Only) 2427 Transportation Avenue National City, CA 91950
- 9 Chula Vista 333 H Street Ste 1095 Chula Vista, CA 91910

