

Patient: _____ LAST FIRST
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)** **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 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)

PET/CT

Tumor Imaging

☐ FDG Skull Base to Mid-Thigh (78815)

☐ FDG Whole Body (Melanoma/Sarcoma) (78816)

☐ Ga-68 Dotatate Neuroendocrine Tumor

☐ Brain Scan w/FDG (78608)

☐ Brain Scan w/Amyloid (78608)

☐ 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)

☐ Prostate Scan/Fluciclovine F-18 (Axumin) (78815)

☐ Cerianna (78815) Estrogen-receptor positive lesions in recurrent or metastatic breast cancer

Brain Imaging

Metastatic Imaging

Nuclear Medicine

Bone Scan

☐ Whole Body (78306)

☐ 3-Phase (78315)*

☐ Spect (78803)* (required for all spine bone scans)

*Specify Body Region:

☐ Brain DaTScan (78803)

☐ Biliary Scan with Ejection Fraction (78227)

☐ Renogram with Lasix (78708)

☐ Parathyroid scan with SPECT (78071)

Osteoporosis Detection

☐ 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 _____

☐ Diagnostic mammogram required with targeted ultrasound

☐ Bilateral ☐ Unilateral - ☐ Left ☐ Right

☐ Screening Complete Unilat (76641)

☐ Left ☐ Right

☐ Ultrasound Guided Biopsy as recommended by IHS radiologist

☐ Left ☐ Right

☐ Ultrasound Cyst Aspiration

☐ Left ☐ Right

☐ Call back as recommended by IHS Radiologist

☐ 6 month follow-up as recommended by IHS radiologist

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)

☐ Paracentesis (Abdomen)

☐ Thoracentesis (Chest)

Port

☐ Placement ☐ Removal

☐ Other: _____

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

☐ Left ☐ Right ☐ Bilateral

☐ Venous upper extremity

☐ Left ☐ Right ☐ Bilateral

☐ Carotid Duplex Arterial Bilateral

☐ Renal arterial doppler

☐ Aorta Screening

☐ Aorta Known AAA

☐ Arterial Bilateral Legs with ABI

HSG

☐ Hysterosalpingogram (Fluoroscopy guidance)

Mammography Tomosynthesis

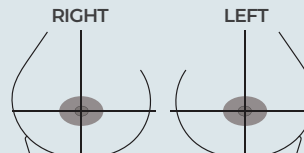
☐ Screening Tomosynthesis: No current breast symptoms

☐ 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 ☐ Left ☐ Right _____

Mark the clinical interest of concern in the diagram



Other: _____

☐ Generalized Pain or Tenderness (non-cyclical)

☐ with Ultrasound Complete

☐ Left ☐ Right _____

☐ Focal pain MUST provide location

☐ Discharge

☐ with Ultrasound Targeted

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