

Patient: _____
 Date of Birth: _____ (mm/dd/yyyy)
 Patient Sex at Birth: ☐ M ☐ F
 Gender Identity: _____
 Patient Phone: _____
 Insurance Company: _____ ☐ Private Pay
 Insurance ID #: _____
 Insurance Auth #: _____

☐ AUTHORIZATION ASSIST, MUST FAX INSURANCE CARD & CHART NOTES (Excluding HMO)
☐ 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 (78814)
- ☐ PSMA Prostate Scan (78815)
- ☐ 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)
- ☐ Brain DaTScan (78803)
- ☐ Biliary Scan with Ejection Fraction (78227)
- ☐ Renogram with Lasix (78708)
- ☐ Parathyroid scan with SPECT (78071)

*Specify Body Region:

Osteoporosis Detection

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

Breast MRI

- ☐ MRI with contrast (Cancer Screening)
- ☐ MRI without (No) contrast (For Implant Integrity)
- ☐ MRI Breast Biopsy
- ☐ 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
- ☐ Callback as recommended by IHS radiologist
- ☐ 6 month follow-up as recommended by IHS radiologist

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

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
 - ☐ Women's Health (Fibroids, Pelvic Congestion)
 - ☐ Men's Health - Varicocele
 - ☐ Vertebral Compression Fracture
 - ☐ Vascular Malformation
- ☐ 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
- ☐ 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

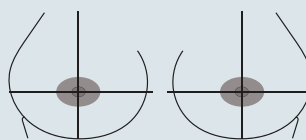
- ☐ Screening Tomosynthesis: No current breast symptoms.
- ☐ Diagnostic Tomosynthesis: Order Bilateral if NEW breast symptoms, Unilateral if new symptoms present within 1 year from last screening. Screening must be completed at IHS.
 - ☐ Left ☐ Right ☐ Bilateral
- ☐ Lump or Mass ☐ with Ultrasound Targeted ☐ Left ☐ Right _____

- ☐ Generalized Pain or Tenderness (non-cyclical)
 - ☐ with Ultrasound Complete
 - ☐ Left ☐ Right _____
- ☐ Focal pain MUST provide location
- ☐ Discharge
 - ☐ with Ultrasound Targeted
 - ☐ Left ☐ Right
- ☐ Callback 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

Mark the clinical interest of concern in the diagram

RIGHT

LEFT



Other: _____

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](https://www.myihsonline.com)**.

Note: For X-Ray service locations and hours please visit <https://www.imaginghealthcare.com/locations/>

- | | |
|---|--|
| <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/DEXA 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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