

Today's Date: _____ (mm/dd/yyyy)	Ins. Company: _____ <input type="checkbox"/> Private Pay	Referring Physician: _____
Patient: _____ LAST FIRST	Ins. ID #: _____	Physician Phone: _____
Date of Birth: _____ (mm/dd/yyyy)	Ins. Auth #: _____	FAX #: _____
Sex at Birth: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> AUTHORIZATION ASSIST, MUST FAX INSURANCE CARD & CHART NOTES (Excluding HMO) <input type="checkbox"/> STAT Requests require office to call 858-658-6500 (Referring office must obtain authorization if required)	<b>Reason for Exam and ICD-10 code:</b> MUST PROVIDE SEPARATE REASON/ICD-10 FOR <b>EACH</b> EXAM REGION (REQUIRED) _____ _____ _____
Gender Identity: _____		
Patient Phone: _____		

## ● 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 without contrast \_\_\_\_ Diagnostic

## ● 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

### Prostate Imaging

☐ PSMA Illuccix [78815 + A9596 (5-7 units)]

☐ PSMA Pylarify [78815 + A9595 (9 units)]

☐ PSMA Posluma [78815 + A9608 (8 UNITS)]

### Tumor Imaging

☐ FDG Skull-Thigh (78815 + A9552)

☐ FDG Whole Body (78816 + A9552)

### Brain Imaging

☐ Amyloid Amyvid [78814 + A9586 (1 unit)]

☐ Amyloid Vizamyl [78814 + Q9982 (1 unit)]

☐ Metabolic Brain Imaging (78608 + A9552)

### Metastatic Imaging

☐ Dotatate [78815 + A9587 (54 units)]

☐ Cerianna [78815 + A9591 (6 units)]

## Nuclear Medicine

☐ Whole Body Bone (78306)

☐ Parathyroid SPECT (78071)

☐ Renal w/ lasix (78708)

☐ 3-Phase (78315)

☐ Hepatobiliary w/ EF (78227)

☐ DaTscan (78803 & A9584)

☐ Bone SPECT (78803)

☐ Gastric Emptying (78264)

\*Specify Body Region: \_\_\_\_\_

## Osteoporosis Detection

☐ DEXA Hip & Spine (77080)  
(Most common)

☐ DEXA/Wrist (77081)

## HSG

☐ Hysterosalpingogram  
(Fluoroscopy guidance)

## 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

Body Region: \_\_\_\_\_ # of Views: \_\_\_\_\_

☐ Left ☐ Right ☐ Bilateral ☐ Weight Bearing

## Ultrasound General and Vascular

☐ Abdominal Complete

☐ Abdominal Limited

☐ RUQ (Liver, GB, Pancreas, RT Kidney)

☐ LUQ (Spleen, LT Kidney)

☐ RLQ ☐ LLQ

☐ Hernia Location: \_\_\_\_\_

☐ Umbilical/Abdominal Wall

☐ Inguinal/Femoral

☐ Kidneys with Bladder

☐ Bladder Only

☐ Pelvic Transabdominal and Transvaginal

☐ Pelvic Transabdominal Only

☐ Pelvic Transvaginal Only

☐ OB less than 14 weeks transabdominal and transvaginal

LMP: \_\_\_\_\_

☐ Soft Tissue (palpable Mass/Lump)  
Location: \_\_\_\_\_

☐ Scrotum with contents

☐ Thyroid/Neck

☐ Venous Doppler for concern of DVT

☐ Upper (arms) ☐ Lower (legs)

☐ Left ☐ Right ☐ Bilateral

☐ Arterial Doppler Bilateral Legs with ABI

☐ Carotid Arterial Doppler Bilateral

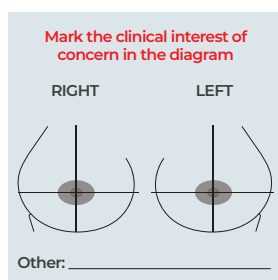
☐ Renal Arterial Doppler Bilateral

☐ Aorta Doppler

☐ Screening/Tobacco use/65+

☐ Symptomatic/Known AAA

## Breast Imaging



**Screening (Routine)** - Patient presents with no current breast symptoms or presents with diffuse pain.

☐ Mammogram Screening Tomosynthesis

☐ Left ☐ Right ☐ Bilateral

☐ Ultrasound Complete

☐ Left ☐ Right ☐ Bilateral

**Diagnostic** - Patient presents with focal breast symptoms or IHS call back.

☐ Mammogram Diagnostic Tomosynthesis with focused ultrasound if required

☐ Left O'clock \_\_\_\_\_

☐ Right O'clock \_\_\_\_\_

☐ Under 30: Ultrasound Focused

☐ Left O'clock \_\_\_\_\_

☐ Right O'clock \_\_\_\_\_

☐ Callback as recommended by IHS radiologist

☐ Follow up as recommended by IHS radiologist

☐ Implant Integrity

☐ For saline implants

☐ Under 30 - Ultrasound focused

☐ Over 30 - MG Diagnostic & focused ultrasound

☐ For silicone implants

☐ MRI Breast Bilateral with implants without (no) contrast

☐ MRI (Diagnostic)

☐ MRI Breast Bilateral with contrast

☐ MRI Breast Bilateral with implants with contrast

## Breast Biopsy

☐ Stereotactic Biopsy as recommended by IHS radiologist

☐ Ultrasound Guided Biopsy as recommended by IHS radiologist

☐ Ultrasound Cyst Aspiration

☐ MR Breast Biopsy

☐ Left ☐ Right

## 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/>*

- 1 Oceanside**  
3601 Vista Way  
A-101  
Oceanside, CA 92056
- 2 Encinitas**  
477 N. El Camino Real  
Bldg A, Ste 102  
Encinitas, CA 92024
- 3 Poway**  
12620 Monte Vista Road  
Ste A  
Poway, CA 92064
- 4 La Jolla**  
4150 Regents Park Row  
Ste 195  
La Jolla, CA 92037
- 5 Kearny Mesa**  
(MRI/DEXA/Ultrasound 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
- 8 National City**  
(MRI, Mammography  
& Ultrasound Only)  
2427 Transportation  
Avenue  
National City, CA 91950
- 9 Chula Vista**  
333 H Street  
Main imaging center  
Ste 1095  
Secondary imaging center  
Ste 1005  
Chula Vista, CA 91910

