

Patient: First _____
Last _____
Date of Birth: _____ (MM/DD/YYYY)
Patient Phone: _____
Patient Email: _____
Insurance Company: * _____
Insurance ID #: * _____
Insurance Authorization #: _____

Today's Date: _____ (MM/DD/YYYY)
Referring Physician: _____
Physician Phone: _____
Appointment Date: _____ Time: _____

Reason For Exam/Clinical Indications: *REQUIRED

***Please include patient insurance information at time of order.**

MRI **MRA**

Body Part: _____
 Left Right Bilateral

Without Contrast With & Without Contrast
 Arthrogram Bone Marrow Without Contrast (77084)

CT **CTA** **Cardiac CT**

WITH Contrast (recommended for most examinations)

Body Part: _____
 Multiphase Liver Appendicitis Protocol
 Small Bowel Protocol

WITHOUT Contrast

Body Part: _____
 Coronary Calcium Score Renal Stone Protocol
 Sinus CT Dental CT
 Lung Cancer Screening (71250)
 CT Colonography (Virtual Colonoscopy)

WITH and WITHOUT Contrast

Body Part: _____
 CT Urogram
 Renal Mass Protocol
 Pancreas Protocol
 Aorta Stent Graft Protocol

PET/CT

Tumor Imaging Skull Base to Mid-Thigh (78815)
 Whole Body (Melanoma/Sarcoma) (78816)
Brain Imaging Brain Scan w/ FDG (78608)
 Brain Scan w/ Amyloid (78608)
 Sodium Fluoride - 18 (Bone Scan) (78816)

Interventional Radiology

PICC Line Placement Removal
Portacath Placement Removal
 Image Guided Biopsy Paracentesis (Abdomen)
 Thoracentesis (Chest)
 Other: _____

Pain Management

Special Patient Needs: _____
 Foraminal Block Steroid Injection
 Facet Block Epidural Injection(s): _____
Myelogram Discogram
 Lumbar Thoracic Cervical

Ultrasound

Breast Pelvic/Transvaginal
 Left Right Bilateral Arterial Duplex Lower Extremity
 Thyroid Scrotum
 Abdominal Carotid Duplex Arteries
Venous Duplex Extremity (DVT) OB (LMP: _____)
 Left Right Bilateral Renal

Women's Imaging Procedures

Digital Mammography Screening Diagnostic
 Left Right Bilateral
 Breast MRI MRI Guided Breast Biopsy
 Breast Ultrasound Ultrasound Guided Breast Biopsy
 Hysterosonogram HSG
 Stereotactic Biopsy Hook Wire Localization
Osteoporosis Detection QCT Bone Density DEXA (77085)

Nuclear Medicine

Bone Scan MUGA (78472)
 Limited (78300) * w/ CCK (78227) Parathyroid Scan (78071)
 Whole Body (78306) w/o CCK (78226)
 3-Phase (78315) * SPECT (78320) *
Thyroid Scan TC-99M Thyroid Scan Only (78013)
 Single 24 Hour Uptake and Scan (78014)
 Multiple 4 and 24 Hour Uptake and Scan (78014)
WBC Scan Other: _____
 Limited (78805) * Whole Body (78806)
***Specify Body Part:** _____

X-ray (Walk-in Only)

Body Part: _____
 Left Right Bilateral Weight Bearing
 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 cash, 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.
- Please arrive 10 minutes prior to your exam and bring this form with you.
- Once your exam is complete, you can **access your images electronically**. To request your images, please visit myihsonline.com.

Our Imaging Locations

Temecula Valley

Hancock Medical Center
25150 Hancock Avenue, Ste 105
Murrieta, CA 92562

Golden Triangle

Regents Medical Plaza
4150 Regents Park Row, Ste 195
La Jolla, CA 92037

Tri-City

3601 Vista Way, Bldg A, Ste 101
Oceanside, CA 92056

Hillcrest

150 W. Washington Street
San Diego, CA 92103

Encinitas

North Coast Health Center
477 N. El Camino Real, Ste A 102
Encinitas, CA 92024

Alvarado

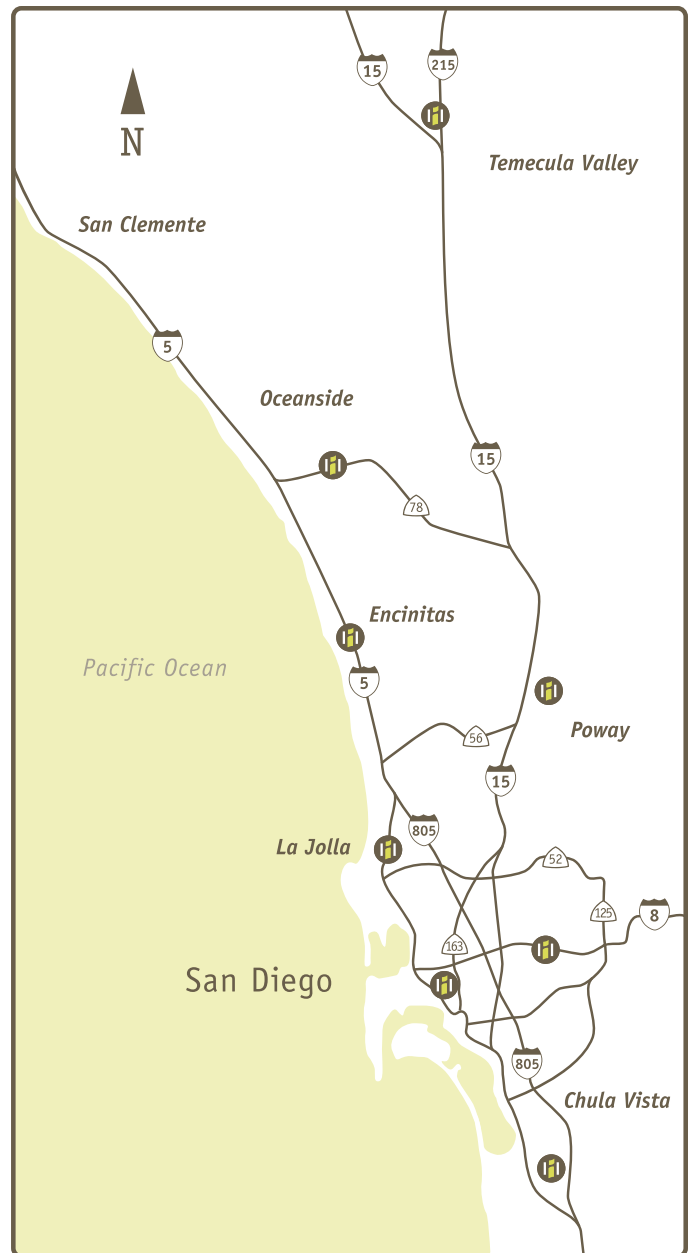
Alvarado Court Medical Building
6386 Alvarado Court, Ste 121
San Diego, CA 92120

Poway

12620 Monte Vista Road, Ste A
Poway, CA 92064

South Bay

Gateway
333 H Street, Ste 1095
Chula Vista, CA 91910



Note: Walk-in X-ray services are available at all locations.

Please visit imaginghealthcare.com/xray for X-ray hours.

Please bring this form to your appointment.