



Patient: First _____

Last _____

Date of Birth: _____ (MM/DD/YYYY)

Patient Phone: _____

Patient Email: _____

Insurance Company: _____

Insurance ID #: _____

Insurance Authorization #: _____

AUTHORIZATION ASSIST, MUST FAX INSURANCE CARD & CHART NOTES

MRI **MRA** **MRI Arthrogram**

Body Part: _____

Left Right Bilateral

With & Without Contrast Without (No) Contrast

Bone Marrow Without Contrast (77084)

Creatinine Level: _____ Date Drawn: _____ (MM/DD/YY)

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

WITH Contrast (recommended for most examinations)

Body Part: _____

Multiphase Liver Appendicitis Protocol

Small Bowel Protocol

Creatinine Level: _____ Date Drawn: _____ (MM/DD/YY)

WITHOUT Contrast

Body Part: _____

Coronary Calcium Score Renal Stone Protocol

Lung Cancer Screening (G0297) *Patient must be asymptomatic**

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)

Metastatic Imaging Prostate Scan/Fluciclovine F-18 (Axumin) (78815)
 WB Bone Scan w/F-18 Sodium Fluoride (78816)

Interventional Radiology

PICC Line Placement Removal

Portacath Placement Removal

Image Guided Biopsy Paracentesis (Abdomen)

Thoracentesis (Chest)

Other: _____

Today's Date: _____ (MM/DD/YY)

Referring Physician: _____

Physician Phone: _____

Physician Fax: _____

Reason for Exam or ICD-10:

MUST PROVIDE SEPARATE REASON/ICD-10 FOR EACH EXAM REGION (REQUIRED)

STAT (REFERRING OFFICE MUST OBTAIN AUTHORIZATION IF REQUIRED)

Pain Management

Special Patient Needs: _____

Foraminal Block Steroid Injection

Facet Block Epidural Injection(s): _____

Myelogram Discogram

Lumbar Thoracic Cervical

Ultrasound

Breast

Left Right Bilateral

Thyroid

Abdominal

Venous Duplex Extremity (DVT)

Left Right Bilateral

Pelvic/Transvaginal

Arterial Duplex Lower Extremity

Scrotum

Carotid Duplex Arteries

OB (LMP _____)

Renal

Women's Imaging Procedures

Digital Mammography

Screening Diagnostic

Left Right Bilateral

Breast MRI

Breast Ultrasound

Hysterosonogram

Stereotactic Biopsy

Osteoporosis Detection

MRI Guided Breast Biopsy

Ultrasound Guided Breast Biopsy

HSG

Hook Wire Localization

QCT Bone Density DEXA (77085)

Nuclear Medicine

Bone Scan

Limited (78300)*

Whole Body (78306)

3-Phase (78315)*

SPECT (78320)*

Brain Scan

Brain Spect-Ceretec (78607)

WBC Scan

Limited (78805)*

Whole Body (78806)

Biliary Scan

w/ CCK (78227)

w/o CCK (78226)

Thyroid Scan

TC-99M Thyroid Scan Only (78013)

Single 24 Hour Uptake and Scan (78014)

Multiple 4 and 24 Hour Uptake and Scan (78014)

Other: _____

*Specify Body Part: _____

X-ray (Walk-in Only)

Body Part: _____ # of Views: _____

Left Right Bilateral Weight Bearing

Other: _____

*Asymptomatic Lung Cancer Screening: Low Dose Screening Form required, visit imaginghealthcare.com/lungscreening

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**.

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, excluding Temecula Valley.*

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

Please bring this form to your appointment.

