

Today's Date: _____ (mm/dd/yyyy)

Patient: _____

DOB: _____^{LAST} Height: _____^{FIRST} Weight: _____

Patient Best Contact #: _____

Appointment Date: _____ Time: _____

Please have radiologist call referring physician

Diagnosis/Comments: _____

Referring Physician: _____

Physician Phone: _____

FAX #: _____

Insurance Company: _____

Insurance ID #: _____

Insurance Auth #: _____ AUC _____ CDSM _____

CDSM Ref # _____

AUTHORIZATION ASSIST, MUST FAX INSURANCE CARD & CHART NOTES (Excluding HMO)

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)

● Screening Mammogram Tomosynthesis

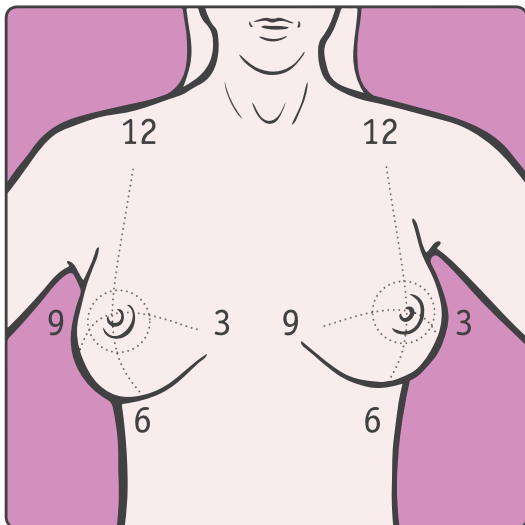
- Routine Screening
- Screening with Breast Implants

● Diagnostic Mammogram Tomosynthesis (with ultrasound preferred)

Indications

- Lump or Mass
 - with limited ultrasound 76642 (preferred Protocol)
 - Right Area _____ Left Area _____
- Thickening
 - with limited ultrasound 76642 (preferred Protocol)
 - Right Area _____ Left Area _____
- Focal Pain or Tenderness (non-cyclical)
 - with limited ultrasound 76642 (preferred Protocol)
 - Right Area _____ Left Area _____
- Discharge
 - with limited ultrasound 76642 (preferred Protocol)
 - Right Area _____ Left Area _____
- Personal History of Breast Cancer, Bilateral
- Other: _____

Please mark area of interest on diagram



Right

Left

● Ultrasound

- Focal Breast Ultrasound (limited 76642)
 - Lump or Mass
 - Focal Pain or Tenderness
 - Right Area _____ Left Area _____
- Ultrasound Guided Biopsy as recommended by IHS radiologist
 - Right Area _____ Left Area _____

● Osteoporosis Detection

- QCT
- DEXA Hip and Spine (77080)
- DEXA Wrist (77081)

● Additional Procedures

- Breast MRI, Bilateral
- Stereotactic Biopsy as recommended by IHS radiologist
 - Right Area _____ Left Area _____
- Cyst Aspiration Biopsy as recommended by IHS radiologist
 - Right Area _____ Left Area _____
- MRI Guided Biopsy as recommended by IHS radiologist
 - Right Area _____ Left Area _____
- Hook Wire
 - Right Area _____ Left Area _____
- Ductogram
 - Right Area _____ Left Area _____
- Other: _____

Patient Reminder:

The day of your exam please remember to wear a two piece outfit and avoid any powders, lotions, perfumes, and deodorants. Thank you.

Additional Comments: _____

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

