

Patient: _____
Date of Birth: _____ LAST FIRST (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 Imaging Brain Scan w/FDG (78608)
 Brain Scan w/Amyloid (78814)
Metastatic Imaging 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

Nuclear Medicine

Bone Scan Brain DaTScan (78803)
 Whole Body (78306) Biliary Scan with Ejection Fraction (78227)
 3-Phase (78315)* Renogram with Lasix (78708)
 Spect (78803)* (required for all spine bone scans) 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 Breast Biopsy
 MRI without (No) contrast (For Implant Integrity) 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

Ultrasound General and Vascular

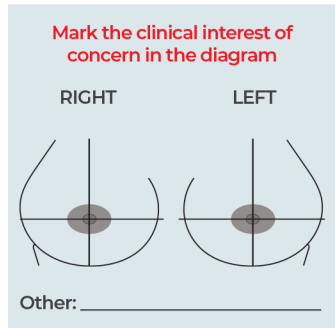
Abdominal Complete Testicular/Scrotum with Doppler
 Abdominal Right Upper Quadrant Groin r/o inguinal hernia-palpable mass or lump (76882)
 Abdominal Limited (For focal pain, lump, abdominal hernia and appendix)
 Other: _____
 Kidneys with Bladder OB less than 14 weeks transabdominal and transvaginal (LMP: _____)
 Bladder Only Venous lower extremity DVT Left Right Bilateral
 Pelvic with Transvaginal Venous upper extremity Left Right Bilateral
 Transvaginal Only Carotid Duplex Arterial Bilateral
 Pelvic Without (No) Transvaginal Renal arterial doppler
 Pelvic Male (Bladder, prostate measurement, or focal area of pain) Aorta Screening
 Soft tissue location mass or lump Aorta Known AAA
 Thyroid Arterial Bilateral Legs with ABI
 Head and Neck

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

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/>

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|---|---|
| <p>1 Oceanside
3601 Vista Way
Ste 101
Oceanside, CA 92056</p> | <p>6 San Diego
6386 Alvarado Court
Ste 121
San Diego, CA 92120</p> |
| <p>2 Encinitas
477 N. El Camino Real
Bldg A, Ste 102
Encinitas, CA 92024</p> | <p>7 Hillcrest
150 W. Washington
Street
San Diego, CA 92103</p> |
| <p>3 Poway
12620 Monte Vista Road
Ste A
Poway, CA 92064</p> | <p>8 Logan Heights
(X-ray/Ultrasound Only)
1809 National Avenue
Ste 2104
San Diego, CA 92113</p> |
| <p>4 La Jolla
4150 Regents Park Row
Ste 195
La Jolla, CA 92037</p> | <p>9 National City
(MRI, Mammography
& Ultrasound Only)
2427 Transportation
Avenue
National City, CA 91950</p> |
| <p>5 Kearny Mesa
(MRI/DEXA Services Only)
3939 Ruffin Road
Ste 102
San Diego, CA 92123</p> | <p>10 Chula Vista
333 H Street
Ste 1095
Chula Vista, CA 91910</p> |

