

Patient Name: _____

Patient Date of Birth: _____

Patient Phone:* _____

Patient Email: _____

Insurance Information:* SELF PAY

Insurance: _____

Insurance ID: _____

Insurance Authorization#/CDSM#:

NEEDS AUTH ASSIST (PLEASE PROVIDE CONSULT NOTES)

*= REQUIRED

STAT ORDER Please Call 877-393-1933

STAT Patient May Leave STAT Patient Hold For Results

STAT Results #: _____

WOMEN'S IMAGING R L Bilateral

- Screening Mammography [2D + 3D] (W/follow up diagnostic mammo if needed)
- Diagnostic Mammography [2D + 3D] (W/ultrasound if indicated)
- Breast Ultrasound (w/Diagnostic Mammogram if indicated)
- Breast MRI w/o IV Contrast (Implant Evaluation)
- Breast MRI w/o and with IV Contrast (High Risk Screening/Diagnostic)
- MRI Guided Biopsy Stereotactic Biopsy Ultrasound Guided Biopsy
- Hook Wire Localization Ultrasound Guided Cyst Aspiration
- DEXA QCT Bone Density
- Other _____

ULTRASOUND

- Abdominal Renal Pelvic Complete Pelvic w/Transvaginal
- OB (LMP _____) US Nuchal Translucency
- Thyroid Scrotum Neck
- Venus Duplex Extremity (**DVT**)
 - Upper Lower R L Fine Needle Aspiration
- Carotid Duplex Arteries Arterial Duplex Lower Extremity
- Hysterosonogram (Saline Infusion Sonohysterogram)
- Other _____

X-Ray (Walk-In Only) *Not Offered At Carlsbad

Patient To Bring Order

Body Part _____

R L Bilateral Weight Bearing

Order Date: _____

Referring Physician:* _____

Referring Physician Signature:* _____

Phone:* _____ Fax: _____

NPI: _____ Physician Email: _____

Practice Location: _____

Reason For Exam / Clinical Indications/ICD-10*

Patient Transportation Request (Case by Case Basis)

MRI MR Arthrogram MR Angiogram MR Venogram

(MRI Labs not needed for contrast exams unless requested)

WITHOUT IV Contrast WITH and WITHOUT IV Contrast

Body Part: _____

R L Bilateral Whole Body Screening

Neuroquant

CT CT Arthrogram CT Angiogram CT Venogram

WITHOUT Contrast WITH IV Contrast

- Body Part _____
- Coronary Calcium Score Low Dose Lung Cancer Screening
 - CT Coronary Angiography (Fraction reserve as indicated)
 - CT Renal Stone Protocol High Resolution CT Chest (Interstitial Lung Disease)
 - CT Colonography (Asymptomatic - Colon Cancer Screening)
 - CT Colonography (Symptomatic - Diagnostic) (with contrast only)

WITHOUT & WITH IV Contrast
 (Creatinine _____ GFR _____ Date _____)

- Body Part: _____
- Urogram Renal Mass Protocol Liver Mass Protocol Pancreas Protocol
 - Adrenal Mass Protocol CT Enterography (With contrast only)
 - Aorta Stent Graft Protocol Aorta With Run Off (With contrast only)

PET / CT

- Tumor Imaging
 - Skull Base to Mid-Thigh Whole Body (78815)
 - Whole Body Melanoma/Sarcoma (78816)
- Brain Imaging Axumin Scan (Prostate Cancer Recurrence)
 - Brain Scan w/ FDG (78608)
 - Brain Scan w/ Amyloid (78608)
- Sodium Fluoride - 18 (Bone Scan) (78816)
- Other Tracers _____

PAIN MANAGEMENT Consult Notes Needed

- Lumbar Epidural Steroid Injection 1 2 3
- Joint Injection (Pain Relief) Which Joint: _____
 - R L Bilateral