

Requisition / Doctor's Order

Please Note: Incomplete forms will DELAY appointment processing.

FAX ORDERS TO:
(909) 474-4766



TIN# 33-0672915
NPI NUMBERS
San Bdo: 1588273148
Rialto: 1700495363



LOMA LINDA UNIVERSITY
FACULTY MEDICAL GROUP

399 E. 21st Street, San Bernardino, CA 92404
1850 N. Riverside Avenue #160, Rialto, CA 92376

(909) 882-2266

Insurance Company: _____ Subscriber I.D.# _____

Patient Name: _____ DOB: _____ Gender: M F

Patient Address: _____ City: _____ State: _____ Zip: _____

Patient Phone: _____ Referring Physician: _____ Diagnosis / ICD-10 Code: _____

MRI / MRA

HEAD & NECK

Head - w/o.....	70551
Head - w & w/o.....	70553
Angio Head/Brain - w/o.....	70544
Angio Head/Brain w & w/o.....	70546
Venography Head/Brain - w/o.....	75870 & 70544
Venography Head/Brain - w & w/o.....	75870 & 70546
Orbit - w/o.....	70540
Orbit - w & w/o.....	70543
Face and/or Neck - w/o.....	70540

Face and/or Neck - w & w/o.....	70543
Angio Neck - w/o.....	70547
Angio Neck - w & w/o.....	70549

BREAST, ABDOMEN & PELVIS

MR Breast - w & w/o.....	77049
MR Breast - w/o.....	77047
Abdomen - w/o.....	74181
Abdomen - w & w/o.....	74183
Angio Abdomen - w & w/o.....	74185
Pelvis - w/o.....	72195
Pelvis - w & w/o.....	72197
Angio Pelvis - w & w/o.....	72198

SPINE

Cervical Spine - w/o.....	72141
Cervical Spine - w & w/o.....	72156
Thoracolumbar Junction - w/o.....	72146
Thoracic Spine - w/o.....	72146
Thoracic Spine - w & w/o.....	72157
Lumbar Spine - w/o.....	72148
Lumbar Spine - w & w/o.....	72158
Lumbosacral Spine - w/o.....	72148 & 72195
Lumbosacral Spine - w & w/o.....	72158 & 72197

UPPER & LOWER EXTREMITIES

*Specify body part: <input type="checkbox"/> Hand <input type="checkbox"/> Forearm <input type="checkbox"/> Humerus	
Upper Extremity - w/o (Non Jt).....	<input type="checkbox"/> R <input type="checkbox"/> L73218
Upper Extremity - w&w/o (Non Jt).....	<input type="checkbox"/> R <input type="checkbox"/> L73220
*Specify body part: <input type="checkbox"/> Foot <input type="checkbox"/> Tib/Fib <input type="checkbox"/> Femur	
Lower Extremity - w/o (Non Jt).....	<input type="checkbox"/> R <input type="checkbox"/> L73718
Lower Extremity - w & w/o (Non Jt).....	<input type="checkbox"/> R <input type="checkbox"/> L73720
Angio Run Off.....	<input type="checkbox"/> R <input type="checkbox"/> L73725
Wrist - w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73221
Wrist - w & w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73223
Shoulder - w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73221
Shoulder - w & w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73223
Elbow - w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73221
Elbow - w & w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73223

Hip - w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73721
Hip - w & w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73723
Knee - w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73721
Knee - w & w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73723
Ankle w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73721
Ankle - w & w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73723

ARTHROGRAMS

Shoulder.....	73222, 23350, 77002	<input type="checkbox"/> R <input type="checkbox"/> L
Elbow.....	73222, 24220, 77002	<input type="checkbox"/> R <input type="checkbox"/> L
Wrist.....	73222, 25246, 77002	<input type="checkbox"/> R <input type="checkbox"/> L
Hip.....	73722, 27093, 77002	<input type="checkbox"/> R <input type="checkbox"/> L
Knee.....	73722, 27369, 77002	<input type="checkbox"/> R <input type="checkbox"/> L
Ankle.....	73722, 27648, 77002	<input type="checkbox"/> R <input type="checkbox"/> L

CT / CTA

HEAD & NECK

Head - w/o.....	70450
Head - w/ only.....	70460
Head - w & w/o.....	70470
Angio Head.....	70496
Orbit/Sella/IAC - w/o.....	70480
Orbit/Sella/IAC - w/only.....	70481
Orbit/Sella/IAC - w & w/o.....	70482
Maxillofacial - w/o (TMJ/Sinus).....	70486
Maxillofacial - w/only.....	70487
Maxillofacial - w & w/o.....	70488

Soft Tissue Neck - w/o.....	70490
Soft Tissue Neck - with only.....	70491
Soft Tissue Neck - w & w/o.....	70492
Angio Carotid.....	70498

CHEST, ABDOMEN, PELVIS

Chest Low Dose Screening.....	71271
Chest - w/o.....	71250
Chest - w/ only.....	71260
Chest - w & w/o.....	71270
High Resolution Chest - w/o.....	71250
Chest Angio - w & w/o.....	71275
Abdomen - w/o.....	74150
Abdomen - w/ only.....	74160

Abdomen - w & w/o.....	74170
Triple Phase Liver w & w/o.....	74170
Abdomen / Angio (AAA).....	74175
Abdomen / Pelvis - w/o.....	74176
Abdomen / Pelvis - w / only.....	74177
Abdomen / Pelvis w & w/o.....	74178
Urogram.....	74178
Renal Mass.....	74178
Pelvis - w/o.....	72192
Pelvis - w / only.....	72193
Pelvis - w & w/o.....	72194
Pelvis/Abdomen Angio (AAA).....	74174
Venogram ABD/Pelvis.....	74174 & 75870

UPPER & LOWER EXTREMITIES

*Upper Extremity - w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73200
*Upper Extremity - w & w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73202
*Specify body part: <input type="checkbox"/> Hand <input type="checkbox"/> Wrist <input type="checkbox"/> Forearm	
<input type="checkbox"/> Elbow <input type="checkbox"/> Humerus <input type="checkbox"/> Shoulder	
*Lower Extremity - w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73700
*Lower Extremity - w & w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L73702
*Specify body part: <input type="checkbox"/> Hip <input type="checkbox"/> Femur <input type="checkbox"/> Knee	
<input type="checkbox"/> Tib/Fib <input type="checkbox"/> Ankle <input type="checkbox"/> Foot	

Lumbar Spine - w/o.....	72131
Lumbosacral - w/o.....	72131 & 72192

MYELOGRAM

Cervical Spine.....	62302 & 72126
Thoracic Spine.....	62303 & 72129
Lumbar Spine.....	62304 & 72132

PET/CT

PET/CT Skull to Mid Thigh.....	78815 & A9552
PET/CT Whole Body.....	78816 & A9552
(Whole body PET for diagnosis of melanoma only)	
PET/CT Brain.....	78608 & A9552

NUCLEAR MEDICINE

Bone Imaging Limited.....	78300 & A9503
Bone Imaging Whole Body.....	78306 & A9503
3 Phase Bone Scan.....	78315 & A9503

Thyroid Uptake & Scan.....	78014 & A9516 Qty-3
Parathyroid Scan.....	78070 & A9500
HIDA Scan.....	78226 & A9537
HIDA Scan w/CKK.....	78227 & A9537

Renal Scan.....	78707 & A9562
Renal Scan with Lasix.....	78709 & A9562
Liver Spleen Scan.....	78215 & A9541
Muga.....	78472 & A9560

SPECIAL PROCEDURES

ESI Cervical or Thoracic.....	62321
ESI Lumbar.....	62323
Scanogram.....	77073

Bone Density (DEXA).....	77080
Long Bones.....	73592
Bone Age Study.....	77072
Metastatic Bone Survey.....	77074
Skeletal / Arthritis Study.....	77075
Infant Osseous Survey.....	77076

ULTRASOUND

Abdomen Complete.....	76700
AAA Screening.....	76706
Gallbladder/Liver/Pancreas - RUQ.....	76705
Torso Mass/Ventral/Umbilical Hernia.....	76705
Renal.....	76770
Pelvic, OB, complete (- 14 wks).....	76801

Pelvic,OB, complete (+ 14 wks).....	76805
Transvaginal - OB.....	76817
Pelvis, Non-OB / Pelvis for Prostate.....	76856
Transvaginal.....	76830
Breast - Unilateral.....	<input type="checkbox"/> R <input type="checkbox"/> L76641
Breast - Bilateral.....	76641 Qty 2
Axilla - Unilateral.....	<input type="checkbox"/> R <input type="checkbox"/> L76882
Axilla - Bilateral.....	76882 Qty 2
Thyroid/Head & Neck.....	76536

Extremity Soft Tissue /Inguinal Hernia.....	<input type="checkbox"/> R <input type="checkbox"/> L76882
Scrotum.....	76870
Pediatric Hip.....	76885
DOPPLER	
Renal Duplex.....	93975 & 76770
Aorta.....	93978
Carotid.....	93880
Arterial Bilateral (Upper Extremities).....	93930

Arterial Bilateral (Lower Extremities).....	93925
Arterial Unilateral (Upper Extremities).....	<input type="checkbox"/> R <input type="checkbox"/> L93931
Arterial Unilateral (Lower Extremities).....	<input type="checkbox"/> R <input type="checkbox"/> L93926
Venous Unilateral (Upper Extremities).....	<input type="checkbox"/> R <input type="checkbox"/> L93971
Venous Bilateral (Lower Extremities).....	93970
Venous Unilateral (Lower Extremities).....	<input type="checkbox"/> R <input type="checkbox"/> L93971
Venous Bilateral (insufficiency).....	93970-I
Venous Unilateral (insufficiency).....	<input type="checkbox"/> R <input type="checkbox"/> L93971-I

MAMMOGRAPHY

Bilateral - Screening.....	77067
Unilateral - Screening.....	<input type="checkbox"/> R <input type="checkbox"/> L77067
Bilateral - Diagnostic.....	77066
Unilateral - Diagnostic.....	<input type="checkbox"/> R <input type="checkbox"/> L77065

X-RAY

HEAD AND NECK

Facial Bones Complete and/or Orbits.....	70150
Nasal Bone.....	70160
Paranasal Sinus- complete.....	70220
Paranasal Sinus- limited.....	70210
Skull - complete.....	70260
Skull - limited.....	70250
Sella Turcica.....	70240
Mandible - complete.....	70110
Soft Tissue Neck.....	70360

Ribs, Unilateral.....	<input type="checkbox"/> R <input type="checkbox"/> L71100
Ribs, Bilateral.....	71110
Sternum.....	71120
Sternoclavicular Joints.....	71130

SPINE AND PELVIS (X-RAY)

Cervical, complete.....	72050
Cervical, including FLEX & EXT.....	72052
Cervical AP & LAT.....	72040
Cervical Flex & Ext. only.....	72040
Thoracic.....	72070
Thoracolumbar.....	72080
Lumbar - limited.....	72100
Lumbosacral - complete.....	72110
Scoliosis Survey.....	72081
Pelvis - limited.....	72170
Sacroiliac Joints (3 view).....	72202
Sacrum & Coccyx.....	72220

UPPER EXTREMITIES (X-RAY)

Clavicle - complete.....	<input type="checkbox"/> R <input type="checkbox"/> L73000
Scapula - complete.....	<input type="checkbox"/> R <input type="checkbox"/> L73010
Shoulder - complete.....	<input type="checkbox"/> R <input type="checkbox"/> L73030
Acromioclavicular Joints.....	<input type="checkbox"/> B73050
Humerus.....	<input type="checkbox"/> R <input type="checkbox"/> L73060
Elbow - complete.....	<input type="checkbox"/> R <input type="checkbox"/> L73080
Elbow - limited.....	<input type="checkbox"/> R <input type="checkbox"/> L73070
Forearm.....	<input type="checkbox"/> R <input type="checkbox"/> L73090
Wrist - complete.....	<input type="checkbox"/> R <input type="checkbox"/> L73110
Wrist - limited.....	<input type="checkbox"/> R <input type="checkbox"/> L73100
Hand - complete (3 views).....	<input type="checkbox"/> R <input type="checkbox"/> L73130
Hand - limited (2 views).....	<input type="checkbox"/> R <input type="checkbox"/> L73120
Finger(s).....	<input type="checkbox"/> R <input type="checkbox"/> L73140

LOWER EXTREMITIES (X-RAY)

Infant BLE (0-11 months only).....	73592
Hips, bilateral, complete.....	73521
Hips, unilateral, 2 View.....	<input type="checkbox"/> R <input type="checkbox"/> L73502
Femur.....	<input type="checkbox"/> R <input type="checkbox"/> L73552
Knee, complete (w/patella).....	<input type="checkbox"/> R <input type="checkbox"/> L73564
Knee, complete (3 views).....	<input type="checkbox"/> R <input type="checkbox"/> L73562
Knee, limited (2 views).....	<input type="checkbox"/> R <input type="checkbox"/> L73560
AP Standing Knee, bilateral.....	73565
Tibia & Fibula.....	<input type="checkbox"/> R <input type="checkbox"/> L73590
Ankle, complete (3 views).....	<input type="checkbox"/> R <input type="checkbox"/> L73610
Ankle, limited (2 views).....	<input type="checkbox"/> R <input type="checkbox"/> L73600
Foot, complete (3 views).....	<input type="checkbox"/> R <input type="checkbox"/> L73630
Foot, limited (2 views).....	<input type="checkbox"/> R <input type="checkbox"/> L73620
Os Calcis (heel).....	<input type="checkbox"/> R <input type="checkbox"/> L73650
Toe(s).....	<input type="checkbox"/> R <input type="checkbox"/> L73660

ABDOMEN (X-RAY)

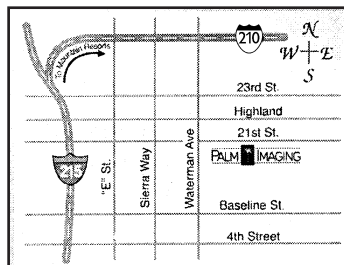
Abdomen (KUB) (1 view).....	74018
Abdomen (2 views).....	74019
Abdomen, Acute, Abd Series.....	74022

GASTROINTESTINAL TRACT

Esophogram/Barium Swallow.....	74220
Upper GI series.....	74240
Upper GI & Small Bowel.....	74240 & 74248
Small Bowel only.....	74250
Barium Enema & Air Contrast.....	74280

FAX COMPLETED FORM TO:
(909) 474-4766

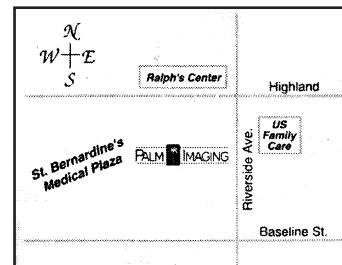
SPECIAL NOTES:



399 E. 21st Street, San Bernardino, CA 92404



(909) 882-2266



1850 N. Riverside Avenue #160, Rialto, CA 92376

BY APPOINTMENT ONLY
INSTRUCCIONES FOR DIAGNOSTIC EXAMINATIONS

Please arrive 30 minutes prior to appointment

PREPARATION FOR BARIUM ENEMA:

OPTION 1

- For two days before: clear liquids only (broth or jello).
- 3pm the **day before** the procedure take two (5mg) Dulcolax tablets (cleansing, not softener).
- 5pm the **day before** the procedure take 5 oz of magnesium citrate and follow immediately with 8 oz of water.
- Drink at least **three** additional 8 oz of any clear liquid. The more liquids the better.
- 5am the **morning of** the exam, again, take 5 oz of magnesium citrate and follow immediately with 8 oz of water.

OPTION 2

- For **two days before**: clear liquids only (broth or jello).
- 1pm the **day before** the procedure take 2 quarts of Go Litley mixture.
- 5pm the **day before** the procedure take 2 quarts of Go Litley mixture.

***For option 2**, the patient must get a prescription for Go Litley mixture from their Doctor.

EXAM DAY: Starting at 5am repeat the procedure from the previous day. You can continue to drink clear liquids up to 3 hours before the exam. Take your blood pressure or heart medicine as needed.

ULTRASOUND OB AND PELVIC

Drink 32 ounces of water one hour prior to exam. **DO NOT USE RESTROOM.** Procedure requires a full bladder.

ULTRASOUND ABDOMEN AND GALLBLADDER

Fast 8 hours before the appointment time.

G.I. SERIES (Esophagus and Stomach)
Nothing by mouth after midnight.

SMALL BOWEL FOLLOW THRU

Nothing by mouth after midnight. Exam may take several hours to complete.

CT OF ABDOMEN

Clear liquid only for 4 hours prior to exam time. Nothing to eat after midnight the night before the exam. No barium studies within 1 week prior to exam.

CT OF PELVIS

(Please arrive 30 minutes prior to appt.) Fasting 4 hours before exam time. Clear liquids only. No barium studies within one week prior to exam.

ALL CONTRAST CT / MRI EXAMS

Stay hydrated up to 48 hours prior to appointment time and drink clear liquids only for 4 hours prior to exam.
NO FOOD (4) FOUR HOURS PRIOR TO EXAM.

MRI PREP – ABDOMEN AND PELVIS EXAM

Nothing to eat 4 hours prior to exam.
*Medications may be taken.

MRI PREP – ABDOMEN MRCP

Stay hydrated up to 48 hours prior and drink clear liquids and eat nothing 8 hours prior to appointment time.
*Medications may be taken.

INSTRUCTION IF STUDY IS ORDERED WITH CONTRAST

If your doctor has ordered a study that requires a contrast injection and if you are 60 years or older, diabetic or have known kidney disease you will need to have lab work showing your GFR levels within 30 days of your MRI/CT appointment. Otherwise, we will not be able to perform your scan. Ask your Physician if you are not sure.

PLEASE DO NOT BRING UNATTENDED CHILDREN

CON CITA SOLAMENTE
INSTRUCCIONES PARA EXAMENES DIAGNÓSTICOS

Llegue 30 minutos antes de la cita

PREPARACION PARA EL ENEMA DE BARIO:

OPCIÓN 1

- Durante **dos días antes**: líquidos claros solamente (caldo o gelatina).
- 3pm el día antes del procedimiento tome 2 pastillas de Dulcolax (de 5 mg.) (limpieza, no suavizador).
- 5pm el **día antes** del procedimiento tome 5 onz. del citrato de magnesio y sigue inmediatamente con 8 onz. del echar agua.
- Beba por lo menos **tres** vasos de 8 onzas adicionales de agua. Cuantos más líquidos mejor.
- A las 5 de la mañana del examen, nuevamente, tome 5 oz de citrato de magnesio y siga inmediatamente con 8 oz de agua.

OPCIÓN 2

- Durante **dos días antes**: líquidos claros sólo (caldo o gelatina).
- A la 1 pm del día anterior al procedimiento, tome 2 cuartos de galón de la mezcla Go Litley.
- A las 5 pm del día anterior al procedimiento, tome 2 cuartos de galón de la mezcla Go Litley.

***Para la opción 2**, el paciente debe obtener una receta de su médico para la mezcla Go Litley.

DÍA DEL EXAMEN: A las 5am repita el procedimiento del día anterior. Puede continuar de beber líquidos claros hasta 3 horas antes del examen. Tome su medicina para la presión o el corazón como sea necesario.

ULTRASONIDO OB Y PELVICO (Pelvis)
Beba 32 onzas de agua una hora antes del examen. **NO UTILICE EL BAÑO.**
El procedimiento requiere una vejiga llena.

ULTRASONIDO DEL ABDOMEN Y VESICULA BILIAR
Ayune 8 horas antes de la hora de la cita.

SERIE GASTRO INTESTINAL (Esófago y estómago)
Nada de comer después de la medianoche.

CT DEL ABDOMEN

Nada de comer después de la medianoche antes del examen. Cuatro horas antes del examen solamente puede tomar líquidos claros. No debe de tener exámenes de bario una semana antes del examen.

CT DEL PELVIS

(Llegue 1 hora antes de la cita) Nada de comer después de la medianoche antes del examen. Cuatro horas antes del examen solamente puede tomar líquidos claros. No debe de tener exámenes de bario una semana antes del examen.

TODOS LOS EXAMENES DE CT/MRI CON CONTRASTE

Manténgase hidratado 48 horas antes de la hora de la cita y beba líquidos claros solamente durante 4 horas antes del examen.
NO COMER CUATRO (4) HORAS ANTES DEL EXAMEN.

PREPARACION PARA MRI EXAMEN DEL ABDOMEN Y PELVIS

Nada de comer o beber cuatro (4) horas antes del examen.
*Se pueden tomar medicamentos.

EXAMEN DEL ABDOMEN MRCP

Manténgase hidratado hasta 48 horas antes y beba líquidos claros. No coma 8 horas antes de la hora de la cita.
*Se pueden tomar medicamentos.

INSTRUCCION SI SE ORDENA EL ESTUDIO CON CONTRASTE

Si su médico ha ordenado un estudio que requiere una inyección de contraste y si usted es mayor de 60 años, es diabético o tiene una enfermedad renal conocida, deberá realizarse un análisis de laboratorio que muestre sus niveles de GFR dentro de los 30 días de su cita de MRI/CT. De lo contrario, no podremos realizar su examen. Pregúntele a su médico si no está seguro.

POR FAVOR NO TRAIGA NIÑOS DESATENDIDOS