# GLENDALE AREA DIRECT REFERRAL REQUISITION FORM

St. Vincent IPA c/o Physicians DataTrust, Inc.
P. O. Box 5089 Oceanside, CA 92052
Phone: (562) 860-8771/Fax: (562) 924-1453

Date of Referral Request: _____/_____/_____

Patient Name (First, MI, Last): _____

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

Date of Birth: _____/_____/_____ Phone: (____) _____ Patient ID #: _____

Health Plan: _____

Referring Physician: _____ Referring Physician Signature: _____

Referring Physician Phone: (  ) _____ Referring Physician Fax: (  ) _____

Diagnosis ***(must be listed)***: _____

**NOTICE TO PATIENT:** Your primary care physician has approved your visit to the provider/specialist listed below. Please call the phone number listed below to make an appointment for mammography screening, CT Sinus Survey, and routine OB/GYN services on this form. Walk-in appointments are accepted for all other X-Ray services on this form.

**PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.**

**NOTICE TO SPECIALIST:** The above-listed patient has been referred to you for the procedure indicated.

## X-RAY (PLEASE √ LOCATION AND SERVICE TYPE)

☐ **Radnet**
**Imaging Specialists of Glendale**
700 N. Central Ave, #100
Glendale, CA 91203
Tel: 818-480-7234
Fax 818-342-0303

☐ **Radnet**
**Imaging Specialist of Burbank**
1821 Olive St.
Burbank, CA 91506
Tel. 818-841-8880
Fax. 841-841-8884

☐ **Radnet - Mamo**
**Imaging Specialist of Glendale**
222 W Eulalia St.
Glendale, CA 99204
Tel. 818-502-2323
Fax. 818-342-0303

☐ **Renaissance Imaging`**
**Center Virgil**
500 S. Virgil Ave.
Suite 102
Los Angeles, CA 90020
Tel: 323-375-3940
Fax: 323-375-3945

## X-RAY TYPE: ** *CPT CODES NOT LISTED REQUIRE SUBMISSION OF ROUTINE REFERRAL FORM* **

**HEAD & NECK**
- ☐ 70250 - Skull <4V
- ☐ 70486-CT Sinus Survey

**CHEST**
- ☐ 71045 –1V
- ☐ 71046 –2V
- ☐ 71100 - Ribs Uni 2V
- ☐ 71120 - Sternum Min 2V

**SPINE & PELVIS**
- ☐ 72040-Spine Cervical 2 or 3V
- ☐ 72070-Spine Thoracic 2V
- ☐ 72100-Spine Lumbosacral 2-3V
- ☐ 72170 -Pelvis 1V
- ☐ 72220-Sacrum & coccyx min 2V

**MAMMOGRAPHY**
- ☐ 77067 Mammography Screening, Digital (age 40+)

**UPPER EXTREMITIES**
- ☐ 73030 - Shoulder min 2V
- ☐ 73070 - Elbow 2V
- ☐ 73090 - Forearm 2V
- ☐ 73100 - Wrist 2V
- ☐ 73120 - Hand 2V
- ☐ 73140 - Fingers min 2V

**ABDOMEN**
- ☐ 74018-anteroposterior 1V

**LOWER EXTREMITIES**
- ☐ 73502 - Hip unilateral min 2V
- ☐ 73521 - Hip bilateral min 2V
- ☐ 73552 – Femur 2V
- ☐ 73560 - Knee 1 or 2V
- ☐ 73590 - Tibia & Fibula 2V
- ☐ 73600 - Ankle 2V
- ☐ 73620 - Foot 2V
- ☐ 73650 - Calcaneus min 2V
- ☐ 73660 - Toes min 2V

**This requisition does not guarantee or confirm benefits will be paid. Payment of claims is subject to eligibility, contractual limitations, provisions and exclusions.** REV. 02.22.2021

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**ROUTINE OB/GYN WOMEN'S HEALTH (PLEASE COMPLETE PROVIDER INFORMATION &√ SERVICE TYPE**

OB/GYN Provider Name: _____

Address: _____

City, Zip Code: _____

Phone _____

☜ **REVIEW CURRENT ROSTER**
***(MUST BE A CONTRACTED ST. VINCENT IPA PROVIDER)***

**Service Type:**

☐ 99203 –OB/GYN Consult ☐ 99395 - Well Women Exam (Annual) – Age 18-39 ☐ 99397 - Well Women Exam (Annual) – Age >65

☐ 99213 - OB/GYN Follow-up ☐ 99396 - Well Women Exam (Annual) – Age 40-64

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