

HP 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)

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

UMI of Maywood
4316 E. Slauson Ave.
Maywood, CA 90270
Tel: 323-374-6200

Huntington Park Advanced Imaging
2680 Saturn Ave., Ste. 100
Huntington Park, CA 90255
Tel: 323-584-3333

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

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
- 99213 - OB/GYN Follow-up
- 99395 - Well Women Exam (Annual) - Age 18-39
- 99396 - Well Women Exam (Annual) - Age 40-64
- 99397 - Well Women Exam (Annual) - Age >65

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OB/GYN Provider

Name: _____

Address

:

City, Zip

Code: _____

Phone _____

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