ST. VINCENT IPA
The Patient's Choice for Health Care

INGLEWOOD AREA DIRECT REFERRAL REQUISITION FORM

Date of Referral Request: ____/_____/_____

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

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 Torrance**
3640 Lomita Blvd.
Suite 105
Torrance, CA 90505
Tel: 310-802-7000

☐ **UMI of Inglewood**
110 S. La Brea Ave.
Suite #150
Inglewood, CA 90301
Tel: 310-671-6000

☐ **UMI of Gardena**
1141 W. Redondo Beach Blvd.
Suite #105
Gardena, CA 90247
Tel: 310-436-1730

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

This requisition does not guarantee or confirm benefits will be paid. Payment of claims is subject to eligibility, contractual limitations, provisions and exclusions. REV. 02.24.2021

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OB/GYN Provider Name: ______________________

Address: ______________________

City, Zip Code: ______________________

Phone ______________________

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