DLS MEDICAL SERVICES

Mobile Medical Diagnostic Imaging Services
GENERAL REFERRAL FORM

Scheduling: (310) 401-1398 • Fax Orders To: (310) 660-7854

Patient Name: _____ Date of Birth: _____ Exam Date: _____

Insurance Information: ☐PPO ☐MDCR ☐PRIVATE PAY ID#: _____ Patient Phone: _____

Referring Physician: _____ Physician Signature: _____ NPI: _____

VASCULAR

☐ (93886) **Transcranial Doppler Study of Intracranial Arteries** ☐ (93880) **Duplex Carotid Scan of Extracranial Arteries**

☐ Visual Disturbance	☐ Aneurism	☐ Paralysis	☐ Arterial Occlusion / Stenosis
☐ Sudden Visual Loss	☐ Carotid Bruit/Weak Pulse	☐ Dizziness / Vertigo	☐ Ischemic Cerebrovascular Disease
☐ Visual Fields Defects	☐ Cerebrovascular Disease	☐ Black Out / Fainting	☐ Numbness / Paresthisia / Tingling
☐ Cerebral Embolization	☐ Lack of Coordination	☐ Syncope or Collapse	☐ Abnormality of Gait
☐ Aphasia	☐ Cerebrovascular Insufficiency	☐ Vasospasm	☐

☐ (93925) **Duplex Scan of Lower Extremity Arteries** ☐ (93923) **Lower Extremity Arterial (ABI)** ☐ (93924) **Lower Extremity Arterial (ABI Stress)**

☐ Claudication	☐ Gangrene/Pre-gangrene	☐ Arterial embolism / thrombosis	☐ Arterial bruit
☐ Rest Pain	☐ Aneurism	☐ Rupture of artery	☐ Arthritis
☐ Peripheral vascular disease	☐ Diabetes w/ circulatory disorders	☐ Spasm of artery	☐ Diminished or absent pulses
☐ Atherosclerosis	☐ Ulceration	☐ Stricture of artery (stenosis)	☐

☐ (93970) **Duplex Scan of Lower Extremity Veins** ☐ (93965) **Lower Extremity Venous Outflow (MVO/SVC)**

☐ Edema / Limb edema	☐ Dyspnea	☐ Chest pain	☐ Obesity
☐ Tenderness	☐ Chronic venous insufficiency	☐ Phlebitis / thrombophlebitis	☐ Swelling of limb
☐ Inflammation	☐ Pain in leg (unsp.)	☐ Varicose veins	☐ CHF
☐ Erythema	☐ Changes of skin texture	☐ Pulmonary embolism	☐

ULTRASOUND

☐ (76700) **Abdomen** ☐ (76770) **Retroperitoneum**

☐ (76705) **Liver** ☐ (76705) **Gallbladder** ☐ (76770) **Renal** ☐ (76857) **Bladder** ☐ (51798) **Bladder PVR**

☐ Abdominal pain	☐ Hepatomegaly	☐ Pancreatitis	☐ Renal failure
☐ Abdominal mass	☐ Hepatitis	☐ Disease of pancreas	☐ Urinary Incontinence
☐ Abdominal colic	☐ Gallbladder disease	☐ Splenomegaly	☐ Renal Calculus
☐ Abdominal swelling	☐ Cholecystitis	☐ Renal colic	☐ Disorder of kidney
☐ Abdominal tenderness	☐ Cholelithiasis	☐ Flank pain	☐ Cystitis
☐ Disorders of liver	☐ Disease of biliary tree	☐ Kidney cyst	☐

☐ (93978) **Aorta**

☐ Atherosclerosis of aorta	☐ Thrombosis of abdominal aorta	☐ Rupture of aorta	☐ Abdominal Pain
☐ Aortic aneurism	☐ Dissection of aorta	☐ Aortic Graft	☐

☐ (76856) **Pelvic**

☐ Pelvic pain	☐ Pelvic swelling	☐ Uterine fibroid	☐ Endometriosis
☐ Pelvic mass	☐ Ovarian cyst	☐ Disorders of uterus	☐

☐ (76536) **Thyroid**

☐ Thyroid Mass/Nodule	☐ Thyroid cyst	☐ Thyroiditis	☐ Hypothyroidism
☐ Thyroid Goiter	☐ Thyroid enlargement	☐ Disorder of thyroid	☐ Hyperthyroidism

☐ (76870) **Scrotum** ☐ (76857) **Prostate**

☐ Testicular mass	☐ Epididymitis / Orchitis	☐ Testicular rupture / torsion	☐ Varicocele
☐ Prostatitis	☐ Disorder of Prostate	☐ Enlarged Prostate	☐ Prostate Calcification

☐ (76645) **Breast**

☐ Lump or mass of breast	☐ Inflammatory disease of breast	☐ Mastitis	☐ Breast pain
☐ Cyst of breast	☐ Disorders of breast	☐ Mastodynia	☐

☐ **Other** _____

Services Rendered at: _____

PATIENT INFORMATION AND PREPARATION INSTRUCTIONS ARE ON THE BACK OF THE FORM.

PATIENT INFORMATION AND PREPARATION INSTRUCTIONS

To schedule an appointment or for more information contact us at **(310) 401-1398** or visit us at **www.dlsmedicalservices.com**

FOLLOW THESE INSTRUCTIONS TO PREPARE FOR YOUR EXAM:

Abdominal Ultrasound (Liver, Spleen, Gallbladder, Kidneys, Pancreas, Aorta and Biliary System)

DO NOT EAT OR DRINK 8 HOURS BEFORE EXAM. TAKE MEDICATION WITH A SIP OF WATER.

Pelvic Ultrasound (Uterus, Ovaries, Fallopian Tubes and Bladder)

DRINK AT LEAST 4 GLASSES OF WATER BEFORE EXAM. DO NOT EMPTY YOUR BLADDER.

Vascular Ultrasound (Arterial, Venous, Carotid, ABI and Transcranial Doppler)

NO PREPARATION NECESSARY

PLEASE HAVE THIS FORM AND YOUR INSURANCE CARD ON THE DAY OF YOUR EXAM.

Accepted Insurances:

PPO
MEDICARE
PRIVATE PAY

We accept assignment, which means we bill Medicare directly, and all secondary insurance plans. You only pay what's not covered by your insurance. Medicare reimburses 80% of our professional fee, once you have met your annual deductible. Many supplemental insurance plans pay the remaining 20% of the fee. DLS Medical Services is an out-of-network provider. Some PPO plans pay our practice directly, but some send payment directly to you. It is patient's responsibility to forward the payment received to DLS Medical Services, Inc. Patient will be responsible for deductible and/or co-pay fees at the time of service.

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