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CONSULTATION REPORTS

STAT

Required STAT results:

- Phone _____
- Exam is tech only
- Send CD with Patient
- Mail CD to Office w/Report

* Patient's Name: _____ Patient's Phone: _____

Date of Birth: _____ Appointment Date: _____ Time: _____

* Referring Physician: _____ Todays Date: _____

Address: _____

Signature: _____ Physician Phone: _____ Fax: _____

- Medi-Cal Medicare Medi-Medi HMO Private Insurance PI WC BD BP Cash

Name of Authorization IPA: _____ Type of Insurance: _____

Attorney's Name: _____ Attorney's Phone: _____

Reason For Exam/Signs & Symptoms/Clinical History (Required*) _____

*Medicare & other insurers require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the medical necessity for each test. Rule out, possible, or probable conditions cannot be coded

***ICD-10:**

UMI TAX ID # 20-5386244

MRI SCANS

- Arthrogram
- Brain
- Orbit Face/Neck
- C-Spine
 - Without Contrast
 - With Contrast
- T-Spine
 - With & Without Contrast
 - With 3-D Views
- L-Spine
- Thorax
- Abdomen
- Pelvis
- Upper Extrem. _____
- Upper Extrem. Joint _____
- Lower Extrem. _____
- Lower Extrem. Joint _____

MRA SCANS

- Brain Abdomen
- Neck Pelvis
- Chest Spine

SPECIALTY MRI & MRA

- Breast MRI W/Axillary Glands
- MRCP TMJ
- MRI Brain - TBI/DTI

CT SCANS

B.U.N. and Creatinine Lab Work Required For all CT Contrast Studies

- Brain
- Orbits / Inner Auditory Canal
- Sinus
- Maxillofacial
- Dental
 - [] Mandible [] Maxilla
- Soft Tissue Neck
- C-Spine
 - Without Contrast
 - With Contrast
- T-Spine
 - With & Without Contrast
 - With 3-D Views
- L-Spine
- Thorax
- Abdomen
- Pelvis
- Urogram
- Bone Mineral Density
- Other _____

FULL BODY SCAN

- Full Body Screening
- Cardiac Scoring

ULTRASOUND

- Neck/Soft Tissue
- Thyroid
- Breast
- Abdomen Complete
- Gallbladder/Biliary Duct
- Renal
- Testicular
- Transrectal - Prostate
- Pelvic
- Transvaginal
- OB Ultrasound - After 24 wks.
- OB Fetal Profile - Before 24 wks.
- Other _____

VASCULAR STUDIES

- Duplex Lower Arter Unilat. Bilat.
- Duplex Upper Arter Unilat. Bilat.
- Duplex Extremity Vein Unilat. Bilat.
- Duplex Aorta Inf. Ven Cava
- Carotid Doppler - Head and Neck
- Echocardiogram
- Penile Vascular Evaluation

*** PET SCANS ***

*AVAILABLE AT: DOWNEY, GLENDALE, HUNTINGTON BEACH, LOS ANGELES & WEST COVINA

- Brain / Refractory Seizure
- Full Body Skull Base to Mid-Thigh
- Whole Body
- Myocardial Viability
- Other _____

NUCLEAR MEDICINE

- Bone Scan
- Liver / Spleen
- Lung Scan Perfusion & Ventilation
- Thyroid Scan
- Parathyroid Scan
- Thallium Rest & Stress / Spect
- Other _____

SPECIAL PROCEDURES

- Myelogram Area _____
- Dexa Bone Density
- * U/S GUIDED BIOPSY *
- Breast
- Thyroid
- Lymphnode

*** STEREOTACTIC BIOPSY ***

*AVAILABLE AT: FOUNTAIN VALLEY & WEST COVINA

- Breast

MAMMOGRAPHY

- Unilateral Diagnostic - Spot Compression
- Bilateral Diagnostic
- Tomosynthesis/3D Screening
- Tomosynthesis/ 3D Unilateral Diagnostic
- Tomosynthesis/3D Bilateral Diagnostic
- Annual Routine Screening

X-RAY

HEAD & SPINE

- Mandible 3V 4V+ Comp.
- Facial Bones 2V 3V+ Comp.
- Nasal Bone Complete - 3 Views
- Orbit Complete - 4 Views
- Sinus 2V 3V+ Comp.
- Skull 3V 4V+ Comp.
- Neck Soft Tissue
- C-Spine 2-3 4V+ Comp.
- T-Spine 2V 3V 4V+ Comp.
- L-Spine 2-3V 4V+ Comp.
- C-Spine incl. oblique & flex Comp.
- Sacrum/Coccyx - 2 Views
- Sacrum/Iliac - 3 Views
- Scoliosis Supine/Erect - 4 Views

CHEST, ABDOMEN & PELVIS

- Chest 1V 2V 3V 4V+
- Chest 2 View Frontal & Lateral
- Ribs Unilateral 2V 3V+ Comp. L R
- Ribs Bilateral 3V 4V+ Comp.
- Sternum 2V+
- Abdomen KUB 1 AP View
- Abdomen AP/Oblique/Cone
- KUB 3V+ Comp.
- Abdomen 1V 2V 3V+
- Pelvis 1-2V 3V+ Comp.

UPPER EXTREMITIES

- Scapula Complete L R
- Clavicle Complete L R
- Shoulder 1V 2V+ Comp. L R
- Elbow 2V 3V+ Comp. L R
- Humerus 2V+ L R
- Forearm 2V L R
- Wrist 2V 3V+ Comp. L R
- Hand 2V 3V+ Comp. L R
- Fingers 2V+ Comp. L R

LOWER EXTREMITIES

- Hip Unilat. 1V 2V+ Comp. L R
- Hip Unilat. w/Pelvis 1V 2V+ Comp. L R
- Hip Bilat. 2V 3-4V+ Comp.
- Hip Bilat. w/Pelvis 2V 3-4V+ Comp.
- Femur 1V 2V+ Comp. L R
- Knee 1-2V 3V 4V+ Comp. L R
- Knee Bilat. L R
- Tibia/Fibia 2V L R
- Ankle 2V 3V+ Comp. L R
- Foot 2V 3V+ Comp. L R
- Calcaneus 2V+ Comp. L R
- Toes 2V+ Comp. L R

<input type="checkbox"/> UMI OF BUENA PARK:	6131 Orangethorpe Ave. #130, Buena Park, CA 90620	Tel: (714) 522-2077	Fax: (714) 522-2474
<input type="checkbox"/> UMI OF BREA:	380 W. Central Ave. #210, Brea, CA 92821	Tel: (714) 987-6000	Fax: (714) 987-6019
<input type="checkbox"/> UMI OF ANAHEIM:	1801 W. Romneya Dr. #104, Anaheim, CA 92801	Tel: (714) 678-4000	Fax: (714) 678-4022
<input type="checkbox"/> UMI OF GARDEN GROVE:	12665 Garden Grove Blvd. #103, Garden Grove, CA 92843	Tel: (714) 620-8200	Fax: (714) 620-8211
<input type="checkbox"/> UMI OF HUNTINGTON BEACH:	16161 Gothard St., #C, Huntington Beach, CA 92647	Tel: (714) 500-6600	Fax: (714) 500-4099
<input type="checkbox"/> UMI OF FOUNTAIN VALLEY:	11160 Warner Ave #105, Fountain Valley, CA 92708	Tel: (714) 619-7500	Fax: (714) 619-7599
<input type="checkbox"/> UMI OF IRVINE:	15825 Laguna Canyon Rd #101, Irvine, CA 92618	Tel: (949) 777-9000	Fax: (949) 777-9007
<input type="checkbox"/> UMI OF CENTRAL LONG BEACH:	701 E. 28th St. #318, Long Beach, CA 90806	Tel: (562) 426-7000	Fax: (562) 426-7099
<input type="checkbox"/> UMI OF SOUTH LONG BEACH:	1040 Elm Ave. #102, Long Beach, CA 90813	Tel: (562) 285-1000	Fax: (562) 285-1019
<input type="checkbox"/> UMI OF EAST LONG BEACH:	2600 Redondo Ave. #101, Long Beach, CA 90806	Tel: (562) 424-4100	Fax: (562) 264-3442
<input type="checkbox"/> UMI OF SANTA ANA:	800 N Tustin Ave Ste M, Santa Ana, CA 92705	Tel: (714) 450-1410	Fax: (714) 450-1429
<input type="checkbox"/> UMI OF WEST COVINA:	1401 W. Merced Ave., #102, West Covina, CA 91790	Tel: (626) 813-6100	Fax: (626) 813-0075





26 Convenient Locations To Serve All Your Medical Imaging Needs

You May Obtain Authorizations Using Our Parent Tax ID# 20-5386244

LOS ANGELES COUNTY

- | | | | |
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| <p>1. UMI OF SANTA CLARITA
24036 Lyons Ave.
Newhall, CA 91321
Tel: (661) 255-2111
Fax: (661) 255-2812</p> | <p>2. UMI OF NORTHRIDGE
18250 Roscoe Blvd. #135
Northridge, CA 91325
Tel: (818) 701-7111
Fax: (818) 701-7841</p> | <p>3. UMI OF GLENDALE
624 S. Central Ave.
Glendale, CA 91204
Tel: (818) 241-3369
Fax: (818) 485-2213</p> | <p>4. UMI OF CENTURY CITY
2080 Century Park East #104
Los Angeles, CA. 90067
Tel: (310) 432-8000
Fax: (310) 432-8019</p> |
| <p>5. UMI OF MID-WILSHIRE
6310 San Vicente Blvd. #102
Los Angeles, CA 90048
Tel: (323) 556-3000
Fax: (323) 556-3012</p> | <p>6. UMI OF LOS ANGELES
1127 Wilshire Blvd. #100
Los Angeles, CA 90017
Tel: (213) 223-5000
Fax: (213) 202-5709</p> | <p>7. UMI OF EAST LOS ANGELES
3513 Whittier Blvd.
Los Angeles, CA 90023
Tel: (323) 859-8000
Fax: (323) 262-1699</p> | <p>8. UMI OF INGLEWOOD
110 South La Brea #150
Inglewood, CA 90301
Tel: (310) 671-6000
Fax: (310) 671-6302</p> |
| <p>9. UMI OF GARDENA
1141 W. Redondo Beach #105
Gardena, CA 90247
Tel: (310) 818-2000
Fax: (310) 436-1731</p> | <p>10. UMI OF TORRANCE
3640 Lomita Blvd. #105
Torrance, CA 90505
Tel: (310) 802-7000
Fax: (310) 375-8659</p> | <p>11. UMI OF MAYWOOD
4316 E. Slauson Ave.
Maywood, CA 90270
Tel: (323) 374-6200
Fax: (323) 771-6094</p> | <p>12. UMI OF LYNWOOD
3737 MLK Jr Blvd. #104
Lynwood, CA 90262
Tel: (310) 667-4999
Fax: (310) 667-4998</p> |
| <p>13. UMI OF DOWNEY
11411 Brookshire Ave. #101
Downey, CA 90241
Tel: (562) 869-9192
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Fax: (626) 813-0075</p> | <p>18. UMI OF BELLFLOWER
10230 Artesia Blvd. #100
Bellflower, CA 90706
Tel: (562) 461-3400
Fax: (562) 216-7207</p> | | |

ORANGE COUNTY

- | | | | |
|---|---|--|--|
| <p>19. UMI OF BUENA PARK
6131 Orangethorpe Ave. #130
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