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CONSULTATION REPORTS

STAT

Required Report STAT results to:

- 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
 T-Spine
 L-Spine
 Thorax
 Abdomen
 Pelvis
 Upper Extrem. _____
 Upper Extrem. Joint _____
 Lower Extrem. _____
 Lower Extrem. Joint _____

Without Contrast
 With Contrast
 With & Without Contrast
 With 3-D Views

MRA SCANS

Brain Abdomen
 Neck Pelvis
 Chest Spine

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
 T-Spine
 L-Spine
 Thorax
 Abdomen
 Pelvis
 Urogram
 Bone Mineral Density
 Other _____

Without Contrast
 With Contrast
 With & Without Contrast
 With 3-D Views

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 *

*Available at selected locations
 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 *

*Available at selected locations
 Breast
 Thyroid
 Lymphnode

STEREOTACTIC BIOPSY *

*Available at Fountain Valley & West Covina
 Breast

SPECIALTY MRI & MRA

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

FLUOROSCOPY AND IVP'S

Esophogram "Barium Swallow" IVP Limited
 UGI Cystography
 Small Bowel Voiding cystogram
 Barium Enema With Air Hysterosalpingogram

MAMMOGRAPHY

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

X-RAY

HEAD & SPINE	CHEST, ABDOMEN & PELVIS	UPPER EXTREMITIES	LOWER EXTREMITIES
<input type="checkbox"/> Mandible <input type="checkbox"/> 3V <input type="checkbox"/> 4V+ Comp. <input type="checkbox"/> Facial Bones <input type="checkbox"/> 2V <input type="checkbox"/> 3V+ Comp. <input type="checkbox"/> Nasal Bone Complete - 3 Views <input type="checkbox"/> Orbit Complete - 4 Views <input type="checkbox"/> Sinus <input type="checkbox"/> 2V <input type="checkbox"/> 3V+ Comp. <input type="checkbox"/> Skull <input type="checkbox"/> 3V <input type="checkbox"/> 4V+ Comp. <input type="checkbox"/> Neck Soft Tissue <input type="checkbox"/> C-Spine <input type="checkbox"/> 2-3 <input type="checkbox"/> 4V+ Comp. <input type="checkbox"/> T-Spine <input type="checkbox"/> 2V <input type="checkbox"/> 3V <input type="checkbox"/> 4V+ Comp. <input type="checkbox"/> L-Spine <input type="checkbox"/> 2-3V <input type="checkbox"/> 4V+ Comp. <input type="checkbox"/> C-Spine incl. oblique & flex Comp. <input type="checkbox"/> Sacrum/Coccyx - 2 Views <input type="checkbox"/> Sacrum/Iliac - 3 Views <input type="checkbox"/> Scoliosis Supine/Erect - 4 Views	<input type="checkbox"/> Chest <input type="checkbox"/> 1V <input type="checkbox"/> 2V <input type="checkbox"/> 3V <input type="checkbox"/> 4V+ <input type="checkbox"/> Chest 2 View Frontal & Lateral <input type="checkbox"/> Ribs Unilateral <input type="checkbox"/> 2V <input type="checkbox"/> 3V+ Comp. <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Ribs Bilateral <input type="checkbox"/> 3V <input type="checkbox"/> 4V+ Comp. <input type="checkbox"/> Sternum <input type="checkbox"/> 2V+ <input type="checkbox"/> Abdomen KUB 1 AP View <input type="checkbox"/> Abdomen AP/Oblique/Cone <input type="checkbox"/> KUB <input type="checkbox"/> 3V+ Comp. <input type="checkbox"/> Abdomen <input type="checkbox"/> 1V <input type="checkbox"/> 2V <input type="checkbox"/> 3V+ <input type="checkbox"/> Pelvis <input type="checkbox"/> 1-2V <input type="checkbox"/> 3V+ Comp.	<input type="checkbox"/> Scapula Complete <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Clavicle Complete <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Shoulder <input type="checkbox"/> 1V <input type="checkbox"/> 2V+ Comp. <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Elbow <input type="checkbox"/> 2V <input type="checkbox"/> 3V+ Comp. <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Humerus <input type="checkbox"/> 2V+ <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Forearm <input type="checkbox"/> 2V <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Wrist <input type="checkbox"/> 2V <input type="checkbox"/> 3V+ Comp. <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Hand <input type="checkbox"/> 2V <input type="checkbox"/> 3V+ Comp. <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Fingers <input type="checkbox"/> 2V+ Comp. <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Hip Unilat. <input type="checkbox"/> 1V <input type="checkbox"/> 2V+ Comp. <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Hip Unilat. w/Pelvis <input type="checkbox"/> 1V <input type="checkbox"/> 2V+ Comp. <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Hip Bilat. <input type="checkbox"/> 2V <input type="checkbox"/> 3-4V+ Comp. <input type="checkbox"/> Hip Bilat. w/Pelvis <input type="checkbox"/> 2V <input type="checkbox"/> 3-4V+ Comp. <input type="checkbox"/> Femur <input type="checkbox"/> 1V <input type="checkbox"/> 2V + Comp. <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Knee <input type="checkbox"/> 1-2V <input type="checkbox"/> 3V <input type="checkbox"/> 4V+ Comp. <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Knee Bilat. <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Tibia/Fibia <input type="checkbox"/> 2V <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Ankle <input type="checkbox"/> 2V <input type="checkbox"/> 3V+ Comp. <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Foot <input type="checkbox"/> 2V <input type="checkbox"/> 3V+ Comp. <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Calcaneus <input type="checkbox"/> 2V+ Comp. <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Toes <input type="checkbox"/> 2V+ Comp. <input type="checkbox"/> L <input type="checkbox"/> R

Scan or see reverse for all location listings and their full contact information

<input type="checkbox"/> UMI OF BELLFLOWER: Tel: (562) 461-3400 NEW	<input type="checkbox"/> UMI OF LYNWOOD: Tel: (310) 554-1000 NEW
<input type="checkbox"/> UMI OF CENTRAL LONG BEACH: Tel: (562) 426-7000	<input type="checkbox"/> UMI OF MAYWOOD: Tel: (323) 374-6200
<input type="checkbox"/> UMI OF CENTURY CITY: Tel: (310) 432-8000	<input type="checkbox"/> UMI OF MID-WILSHIRE: Tel: (323) 556-3000 NEW
<input type="checkbox"/> UMI OF DOWNEY: Tel: (562) 869-9192	<input type="checkbox"/> MINOO HEIKALI WOMEN'S CENTER OF LOS ANGELES: Tel: (213) 223-5050 NEW
<input type="checkbox"/> UMI OF EAST LONG BEACH: Tel: (562) 424-4100 NEW	<input type="checkbox"/> UMI OF NORTHRIDGE: Tel: (818) 701-7111
<input type="checkbox"/> UMI OF EAST LOS ANGELES: Tel: (323) 859-8000	<input type="checkbox"/> UMI OF SANTA CLARITA: Tel: (661) 255-2111
<input type="checkbox"/> UMI OF GARDENA: Tel: (310) 818-2000	<input type="checkbox"/> UMI OF SOUTH LONG BEACH: Tel: (562) 285-1000
<input type="checkbox"/> UMI OF GLENDALE: Tel: (818) 241-3369 NEW	<input type="checkbox"/> UMI OF TORRANCE: Tel: (310) 802-7000
<input type="checkbox"/> UMI OF INGLEWOOD: Tel: (310) 671-6000	<input type="checkbox"/> UMI OF WEST COVINA: Tel: (626) 813-6100
<input type="checkbox"/> UMI OF LOS ANGELES: Tel: (213) 223-5000	





27 Convenient Locations To Serve All Your Medical Imaging Needs You May Obtain Authorizations Using Our Parent Tax ID# 20-5386244

LOS ANGELES COUNTY

- | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 1. UMI OF SANTA CLARITA
24036 Lyons Ave.
Newhall, CA 91321
Tel: (661) 255-2111
Fax: (661) 255-2812 | 2. UMI OF NORTHRIDGE
18250 Roscoe Blvd. #135
Northridge, CA 91325
Tel: (818) 701-7111
Fax: (818) 701-7841 | 3. UMI OF GLENDALE
624 S. Central Ave.
Glendale, CA 91204
Tel: (818) 241-3369
Fax: (818) 485-2213 | 4. UMI OF CENTURY CITY
2080 Century Park East #104
Los Angeles, CA 90067
Tel: (310) 432-8000
Fax: (310) 432-8019 |
| 5. UMI OF MID-WILSHIRE
6310 San Vicente Blvd. #102
Los Angeles, CA 90048
Tel: (323) 556-3000
Fax: (323) 556-3012 | 6. UMI OF LOS ANGELES
1127 Wilshire Blvd. #100
Los Angeles, CA 90017
Tel: (213) 223-5000
Fax: (213) 202-5709 | 7. MINOO HEIKALI WOMEN'S CENTER OF LOS ANGELES
1127 Wilshire Blvd. #202
Los Angeles, CA 90017
Tel: (213) 223-5050
Fax: (213) 223-5098 | 8. UMI OF EAST LOS ANGELES
3513 Whittier Blvd.
Los Angeles, CA 90023
Tel: (323) 859-8000
Fax: (323) 262-1699 |
| 9. UMI OF INGLEWOOD
110 South La Brea #150
Inglewood, CA 90301
Tel: (310) 671-6000
Fax: (310) 671-6302 | 10. UMI OF GARDENA
1141 W. Redondo Beach #105
Gardena, CA 90247
Tel: (310) 818-2000
Fax: (310) 436-1731 | 11. UMI OF TORRANCE
3640 Lomita Blvd. #105
Torrance, CA 90505
Tel: (310) 802-7000
Fax: (310) 375-8659 | 12. UMI OF MAYWOOD
4316 E. Slauson Ave.
Maywood, CA 90270
Tel: (323) 374-6200
Fax: (323) 771-6094 |
| 13. UMI OF LYNWOOD
3737 Martin Luther King Jr. Blvd. #104
Lynwood, CA 90262
Tel: (310) 554-1000
Fax: (310) 667-4998 | 14. UMI OF DOWNEY
11411 Brookshire Ave. #101
Downey, CA 90241
Tel: (562) 869-9192
Fax: (562) 250-1423 | 15. UMI OF CENTRAL LONG BEACH
701 E. 28th St. #318
Long Beach, CA 90806
Tel: (562) 426-7000
Fax: (562) 426-7099 | 16. UMI OF SOUTH LONG BEACH
1040 Elm Ave. #102
Long Beach, CA 90813
Tel: (562) 285-1000
Fax: (562) 285-1019 |
| 17. UMI OF EAST LONG BEACH
2600 Redondo Ave. #101
Long Beach, CA 90806
Tel: (562) 424-4100
Fax: (562) 264-3442 | 18. UMI OF WEST COVINA
1401 W. Merced Ave. #102
West Covina, CA 91790
Tel: (626) 813-6100
Fax: (626) 813-0075 | 19. UMI OF BELLFLOWER
10230 Artesia Blvd. #100
Bellflower, CA 90706
Tel: (562) 461-3400
Fax: (562) 216-7207 | |

ORANGE COUNTY

- | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 20. UMI OF BUENA PARK
6131 Orangethorpe Ave. #130
Buena Park, CA 90620
Tel: (714) 522-2077
Fax: (714) 522-2474 | 21. UMI OF BREA
380 W Central Ave. #210
Brea, CA 92821
Tel: (714) 987-6000
Fax: (714) 987-6019 | 22. UMI OF ANAHEIM
1801 W. Romneya Dr. #104
Anaheim, CA 92801
Tel: (714) 678-4000
Fax: (714) 678-4022 | 23. UMI OF GARDEN GROVE
12665 Garden Grove Blvd. #103
Garden Grove, CA 92843
Tel: (714) 620-8200
Fax: (714) 620-8211 |
| 24. UMI OF HUNTINGTON BEACH
16161 Gothard St. #C
Huntington Beach, CA 92647
Tel: (714) 500-6600
Fax: (714) 500-4099 | 25. UMI OF FOUNTAIN VALLEY
11160 Warner Ave. #105
Fountain Valley, CA 92708
Tel: (714) 619-7500
Fax: (714) 619-7599 | 26. UMI OF SANTA ANA
800 N Tustin Ave. Ste M
Santa Ana, CA 92705
Tel: (714) 450-1410
Fax: (714) 450-1429 | 27. UMI OF IRVINE
15825 Laguna Canyon Rd. #101
Irvine, CA 92618
Tel: (949) 777-9000
Fax: (949) 777-9007 |

