Direct Referral Form

Use for MEDICARE/MEDI-MEDI/ MEDI-CAL/COMMERCIAL

Referrals DO NOT guarantee eligibility.
Please check eligibility before rendering services.

AdventistHealth Physicians Network

Date of Service: _____ / _____ /_____

Patient First, Last Name: _____ **Date of Birth:** _____

Address: _____

Phone #: (_____) _____ Health Plan: _____ Member ID: _____

Requested Specialist: _____ **Specialty:** _____

Address: _____ Phone #: (_____) _____

Reason for Referral:
(Diagnosis/Findings + ICD10 Code)

- **ALL IMAGING MUST BE COMPLETED BY AHPN IPA CONTRACTED PROVIDERS.**
- **ALL OTHER RADIOLOGICAL services not listed below require prior authorization.**

ICD 10: _____

Findings: _____

_____

- **Yearly Diabetic Glaucoma Screen**

  AHGL: Lugene Eye, (818) 265-2255

  AHWM: Shesfarooqui, Ifrah OD (323) 980-9900

RADIOLOGY SERVICES – Select one

☐ **AHGL Radiology, (323) 307-8500**
1509 Wilson Terrace
Glendale, CA 91026

☐ 77067 Screening Mammography; Bilateral (2 view study of each breast), including computer-aided detection (CAD) when performed.
☐ 70110 Mandible Complete
☐ 70150 Facial Bones
☐ 70160 Nasal Series
☐ 70250 Skull <4V
☐ 71046 Chest (2 views)
☐ 71110 Ribs
☐ 71120 Sternum
☐ 72040 Cervical Spine
☐ 72072 Thoracic Spine
☐ 72100 Lumbar Spine
☐ 72220 Sacrum – Coccyx
☐ 74018 Abdomen (x-ray) (1 view)
☐ 72170 Pelvic (x - ray)
☐ 73000 Clavicle (L) (R)

☐ **AHWM Radiology, (818) 546-1929**
1700 Cesar E. Chavez Ave., Ste. 1800
Los Angeles, CA 90033

☐ 73010 Scapula (L) (R)
☐ 73030 Should (L) (R)
☐ 73060 Humerus (L) (R)
☐ 73070 Elbow (L) (R)
☐ 73090 Forearm (L) (R)
☐ 73110 Wrist (L) (R)
☐ 73120 Hand (L) (R)
☐ 73140 Fingers (L) (R)
☐ 73520 Hip (L) (R)
☐ 73550 Femur (L) (R)
☐ 73562 Knee (L) (R)
☐ 73590 Tibia/Fibula (L) (R)
☐ 73610 Ankle (L) (R)
☐ 73630 Foot (L) (R)
☐ 73660 Toes (L) (R)

URGENT ULTRASOUND
☐ 76700 Abdomen
☐ 76770 Renal
☐ 76856 Pelvic

Please fax completed form to: (747) 287-0120.

Primary Care Physician Signature: _____ Date: _____

PCP Name: (Print only): _____ Phone #: (_____) _____