

DESERT • MEDICAL • IMAGING



John F. Feller, M.D., Medical Director
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Pt Name: _____

DOB: _____

Phone #: _____

Dx: _____

Insurance: _____

Health Care Made Easy!

74785 Highway 111, Suite 101
Indian Wells, CA 92210
Ph: (760) 694-9559
Fax: (760) 356-8208

Please send/include: Copy of insurance cards (front and back), clinical information and patient demographics.

CT Chest – Imbio (COPD, Emphysema)
Consider CPT Codes: 71250 & 76377

CT Chest Screening for Lung Cancer (Low Dose CT)
Consider CPT Code: G0297

Please refer to guidelines for LDCT below:

Age: 55-77

Hx: Currently a smoker or have quit within 15 years

Amount: Have smoked a pack of cigarettes a day for 30 years

Symptoms: None: must be **ASYMPTOMATIC**

Discussion: Before the patient's first lung cancer screening

Provider Signature: _____

Your imaging partner of choice.

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Scheduling (760) 694-9559 • Fax (760) 356-8208