

North State Interventional Radiology

1702 Esplanade
Chico, CA 95926
www.nsradiology.com



Scheduling (530) 898-0520
Fax (530) 893-9761

PATIENT NAME: _____ DOB: _____ REF DATE: _____

HOME PHONE: _____ WORK/CELL PHONE: _____ INSURANCE: _____

CLINICAL HISTORY/DIAGNOSIS: _____

REFERRING SIGNATURE: _____ CONTACT: _____

PLEASE FAX THE FOLLOWING INFORMATION PRIOR TO SCHEDULING EXAM:

- | | | |
|--|--|--------------------|
| <input type="checkbox"/> Current Facesheet or Demographics | <input type="checkbox"/> Diabetic | Y / N |
| <input type="checkbox"/> Current History & Physical (within 90 days) | <input type="checkbox"/> Blood Thinners | Y / N |
| <input type="checkbox"/> Current Medication List (on back) | <input type="checkbox"/> Pacemaker / Defibrillator | Y / N |
| <input type="checkbox"/> Prior <u>Related</u> Surgery and/or Procedure Reports | Cardiologist | _____ |
| <input type="checkbox"/> Prior <u>Related</u> Imaging Reports (MRI, CT, Bone Scan, US) | Height | _____ Weight _____ |

REQUEST

CONSULT & TREAT CONSULT & RECOMMEND PERFORM SPECIFIC PROCEDURE: _____

Varicose Vein / Venous Insufficiency

- Venous Doppler Ultrasound __R __L __Bilat
(Deep and Superficial)
- Compression Stockings __R __L __Bilat
 - Knee High Thigh High (recommended)
- Vein Care

Interventional Oncology

(Liver / Kidney / Lung / Other)

- Ablation
- Chemoembolization, Transarterial Embolization

Reproductive System

- Uterine Artery Embolization (Fibroids, Adenomyosis)
- Ovarian Vein Embolization (Pelvic Congestion Syndrome)
- Testicular Vein Embolization (Varicocele)

Peripheral Arterial Disease

(Angiography, Angioplasty, Stenting)

- Carotid Stent
- Extremity Lower/Upper __R __L __Bilat
- Mesenteric / Visceral
- Renal
- Other: _____

Vertebral Compression Fracture

- Vertebroplasty / Kyphoplasty

Back Pain

- Cervical Thoracic Lumbar

Epidural Steroid Injection

- Interlaminar Level __
- Transforaminal RT LT BILAT Level __

Facet Joint Therapy RT LT BILAT Level __

Sacroiliac Joint Therapy RT LT BILAT Level __

Other: _____

Joint Injection

- Hip Shoulder

Cirrhosis

- TIPS (Placement / Revision)

Chest Port Placement

Thyroid FNA / Biopsy RT LT BILAT

Lymph Node FNA / Biopsy

Location: _____

Other: _____

Please bring a photo ID and your insurance card to your appointment.