

# Breast Imaging Request



A division of North State Radiology

1720 Esplanade  
Chico, CA 95926  
530 898-0502  
FAX 898-0533  
chicobreastcare.com

Patient Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Prior Mammogram Location: \_\_\_\_\_

Date of Mammogram: \_\_\_\_\_

**Please call patient to schedule Exam**

**Please call our facility for assistance obtaining your prior images if they were not performed at Chico Breast Care Center or North State Imaging.**

## Screening Mammogram:

Screening Mammogram to include Digital Breast Tomosynthesis, 2D Full Field breast imaging, and Computer Aided Detection (CAD). *Patient does NOT present with signs or symptoms of breast disease. May include dense breast issue.*

## Screening Breast Ultrasound:

*Should ONLY be considered an adjunct to annual screening mammography in women with dense breast issue. May not be a covered benefit.*

## Diagnostic Mammogram:

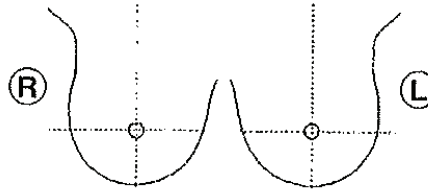
Right  Left  Bilateral

- Palpable Mass
- Focal Pain
- Short-Term Follow-Up (<1 year)
- Nipple Discharge
- Skin or Nipple Change
- PT with history of breast CA

Date of Diagnosis: \_\_\_\_\_

Diagnostic Mammogram to include Digital Breast Tomosynthesis, 2D Full Field breast imaging, and Computer Aided Detection (CAD). *To include diagnostic breast ultrasound when clinically indicated. Patient WITH signs or symptoms of breast disease, indicate area below:*

Describe areas of concern:



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Ancillary Breast Imaging Studies and Breast Biopsy:

- Diagnostic Breast Ultrasound only
- MRI Breast
- MRI-Guided Breast Biopsy, to include post-biopsy diagnostic unilateral mammogram and radiological surgical specimen.
- Breast Biopsy, to include post-biopsy diagnostic unilateral mammogram and radiological surgical specimen.
- Needle localization of clip, to include mammogram to assess wire placement.
- Ductogram:  (Single duct)  (Multiple ducts)
- Needle Aspiration

## DEXA Bone Density

Diagnosis: \_\_\_\_\_

Referring Provider Name (Please Print): \_\_\_\_\_

Referring Provider Signature: X \_\_\_\_\_ CC \_\_\_\_\_

**Please FAX Form to: 530-898-0533 • Important patient information on back.**



## North State Radiology Medical Group

1702 Esplanade  
Chico, CA 95926  
530 898-0504  
FAX 898-9647  
nsradiology.com

### Outpatient Centers:

#### Chico Breast Care Center

1702 Esplanade  
Chico, CA 95926  
530 898-0502  
FAX 898-0533

#### North State Imaging

1702 Esplanade  
Chico, CA 95926  
530 898-0500  
FAX 898-0515

#### North State Interventional Radiology

1702 Esplanade  
Chico, CA 95926  
530 898-0520  
FAX 893-9761

#### North Valley Advanced Imaging

1638 Esplanade  
Chico, CA 95926  
530 894-6200  
FAX 894-0174

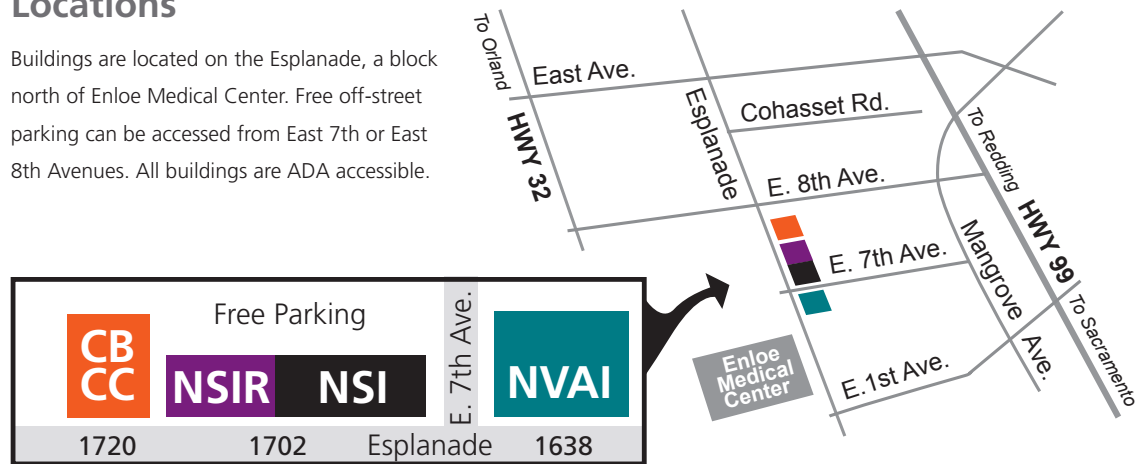
# North State Radiology

## PATIENT INSTRUCTIONS

- On day of exam, please do not use deodorants, powders or perfumes. (These may show up on your mammogram).
- Please wear a two piece outfit, if possible.
- For the most accurate interpretation of your upcoming mammogram, it is very important to have your prior studies to compare. **Please bring your prior studies to your appointment or call 530 898-0502 for assistance in obtaining your prior images if they were not performed at North State Imaging or Chico Breast Care Center.**

### Locations

Buildings are located on the Esplanade, a block north of Enloe Medical Center. Free off-street parking can be accessed from East 7th or East 8th Avenues. All buildings are ADA accessible.



*Excellence in Imaging*