

Advanced Imaging Request

Patient instructions on back

Patient Name: _____

Day Phone: _____ DOB: _____ Weight: _____

Insurance: _____ Auth. # _____

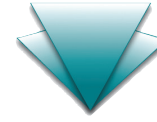
Exam Date and Time: _____

Diagnosis/Reason for Exam: _____

Exam Instructions: _____

Referring Provider (Print): _____ Signature X: _____ CC: _____

NORTH VALLEY



Advanced IMAGING

A division of North State Radiology

1638 Esplanade
Chico, CA 95926
530 894-6200
FAX 894-0174
nsradiology.com
TAX ID#68-0358482

- Please call patient to schedule exam
- Request pre-auth assistance

W/ Contrast W/out Contrast

MRI PATIENTS WITH METALLIC IMPLANTS see reverse >

HEAD & NECK	ABDOMEN/PELVIS	MUSCULOSKELETAL
<input type="checkbox"/> Brain, without Contrast <input type="checkbox"/> Brain, with & w/out Contrast (Routine Study) <input type="checkbox"/> Seizure <input type="checkbox"/> Pituitary <input type="checkbox"/> MS <input type="checkbox"/> F/U Tumor <input type="checkbox"/> IAC <input type="checkbox"/> Trigeminal Neuralgia <input type="checkbox"/> Orbits, with & without Contrast <input type="checkbox"/> Quantitative Brain Volume (NeuroQuant) <input type="checkbox"/> Spectroscopy (without Contrast) <input type="checkbox"/> CSF Flow Study (without Contrast) <input type="checkbox"/> Chiari Protocol <input type="checkbox"/> NPH Protocol <input type="checkbox"/> TMJ <input type="checkbox"/> Neck (Soft Tissue) with and without Contrast <input type="checkbox"/> Brachial Plexus, <input type="radio"/> w/out Contrast <input type="radio"/> with & w/out Contrast	<input type="checkbox"/> Abdomen, with & w/out Contrast (Routine) (circle): Liver Pancreas Adrenal Renal <input type="checkbox"/> MRCP (without Contrast) with 3D Rendering <input type="checkbox"/> MRI Liver (iron overload), without contrast <input type="checkbox"/> Enterogram (Abd/Pelvis with & w/out Contrast) <input type="checkbox"/> Routine Pelvis <input type="checkbox"/> w/out Contrast <input type="checkbox"/> with & w/out Contrast <input type="checkbox"/> Female Pelvis (GYN) with & w/out Contrast <input type="checkbox"/> Pelvis, Fistula Protocol, with & w/out Contrast <input type="checkbox"/> Pelvis, Rectal Cancer Protocol, without Contrast <input type="checkbox"/> Pelvis, Fracture Evaluation, without Contrast	<input type="checkbox"/> Shoulder <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Arthrogram <input type="checkbox"/> Hip <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Arthrogram <input type="checkbox"/> Wrist <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Arthrogram <input type="checkbox"/> Hand <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Elbow <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Knee <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Implant Protocol (circle below): Zimmer, Smith & Nephew, Otis Med, BioMet <input type="checkbox"/> Ankle (mid & hind foot) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Foot (mid & fore foot) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Non-joint: _____ <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="radio"/> without Contrast <input type="radio"/> with & without Contrast
SPINE	MR ANGIOGRAPHY (MRA)	BREAST
<input type="checkbox"/> Cervical (Please choose an option below) <input type="checkbox"/> Thoracic <input type="radio"/> w/out Contrast (Routine Study) <input type="checkbox"/> Lumbar <input type="radio"/> with & without Contrast <input type="checkbox"/> SI Joints (Tumor, Post-Op) <input type="checkbox"/> Sacrum/Coccyx <input type="radio"/> with 3D Acquisitions (Scoliosis) <input type="checkbox"/> Spine, Metastatic Survey, with & w/out Contrast	<input type="checkbox"/> MRA Arch/Neck Vessels, with & w/out Contrast <input type="checkbox"/> MRA COW, without Contrast (Time of Flight) <input type="checkbox"/> MRV Cerebral Venography, without Contrast <input type="checkbox"/> MRA Thoracic, Aorta, with Contrast <input type="checkbox"/> MRA Abdomen (Aorta/Renal/Mesenteric) <input type="checkbox"/> MRA Abd/Pelvis with Bilat Extremity Runoff <input type="checkbox"/> MRA Abdomen/Pelvis (AAA)	<input type="checkbox"/> Bilateral, with & without Contrast <input type="checkbox"/> Bilateral, without Contrast (implant eval)

CT LABS MAY BE REQUIRED see reverse >

HEAD & NECK	CHEST/CARDIAC	CT ANGIOGRAPHY (CTA)
<input type="checkbox"/> Brain, with & without Contrast <input type="checkbox"/> Brain, without Contrast <input type="checkbox"/> Orbits, with Contrast <input type="checkbox"/> Temporal Bones (High Resolution) <input type="checkbox"/> Neck (Soft Tissue), with Contrast <input type="checkbox"/> Facial Bones -> <input type="radio"/> with 3D Reconstruction* <input type="checkbox"/> Sinus <input type="checkbox"/> Screening - 5 slice <input type="checkbox"/> Limited - Coronal <input type="checkbox"/> Complete - 3 plane <input type="checkbox"/> Medtronic Protocol	<input type="checkbox"/> Chest, with Contrast (Routine Study) <input type="checkbox"/> Chest, without Contrast <input type="checkbox"/> Hi Res Chest, without Contrast <input type="checkbox"/> Low Dose Chest, without Contrast (Screening)* <i>*use CT Lung Screening order form</i> <input type="checkbox"/> Heartscore (Coronary Calcium)	<input type="checkbox"/> CTA COW/Brain <input type="checkbox"/> CTA Arch/Neck Vessels <input type="checkbox"/> CTA Chest, Thoracic Aorta <input type="checkbox"/> CTA Chest - Pulmonary - For PE <input type="checkbox"/> CTA Heart (Coronary Arteries & Grafts) <input type="checkbox"/> CTA Abdomen (Aorta/Renal/Mesenteric) <input type="checkbox"/> CTA Abd/Pelvis with Bilateral Runoff <input type="checkbox"/> Epigastric Artery Map (DIEP Protocol) <input type="checkbox"/> CTA AAA - Includes Abdomen & Pelvis <input type="checkbox"/> CTA AAA - F/U Stent Graft - 3 Phase
MUSCULOSKELETAL	ABDOMEN/PELVIS	SPINE
<input type="checkbox"/> Extremity/Joint -> <input type="radio"/> with 3D Reconstruction* <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Specify Body Part: _____	<input type="checkbox"/> Abdomen/Pelvis, with Contrast (Routine Study) <input type="checkbox"/> Renal Colic - Abd & Pelvis, without Contrast <input type="checkbox"/> F/U AAA - Abd & Pelvis, (w/out Contrast, no Prep Kit) <input type="checkbox"/> Abdomen, with Contrast <input type="checkbox"/> Pelvis, w/ Contrast <input type="checkbox"/> Abdomen, with & w/out Contrast (circle one): Multiphasic Liver, Renal Mass, Adrenal, Pancreas <input type="checkbox"/> Enterography Protocol (Abd/Pelvis with & without Contrast) <input type="checkbox"/> Urogram (Abd/Pelvis w/ & w/out, 3D recons)*	<input type="checkbox"/> Cervical (without Contrast) <input type="radio"/> 3D Recons* <input type="checkbox"/> Thoracic (without Contrast) <input type="radio"/> 3D Recons* <input type="checkbox"/> Lumbar (without Contrast) <input type="radio"/> 3D Recons* <input type="checkbox"/> Sacroiliac Joints (without Contrast)

*3D recons are used for viewing the facial bones, the spine when hardware is present, and extremities.

PET/CT

- Skull base to mid-thigh (staging, re-staging)
- Melanoma (Head to Toe)
- Brain (Metabolic Evaluation)
- 18F NaF (Bone Metastasis)

OTHER STUDY NOT LISTED ABOVE: _____



North State Radiology Medical Group
 1702 Esplanade
 Chico, CA 95926
 530 898-0504
 FAX 898-9647
 nsradiology.com

Outpatient Centers:

Chico Breast Care Center
 1720 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 Valley Advanced Imaging

PATIENT INSTRUCTIONS

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

Some exams require preparation or LAB WORK prior to your scan. If not properly prepared, you may need to be rescheduled.

Please check for special instructions and call us if you have any questions 530-894-6200.

Special Instructions to Patient: _____

MRI EXAMS: The following may interfere with your MRI exam. Please check the appropriate boxes and notify us at least 48 hours prior to your appointment by calling 894-6200:

- Pacemaker or Defibrillator
- Brain aneurysm clip
- Electronic implant or device **
- Metallic Implants **
- Metallic object or fragment in eye
- Cochlear implant
- Breast tissue expanders (not implants)
- Pregnancy or Breast Feeding

****Please be prepared to show your implant identification card when you check in.**

CT EXAMS: The following may interfere with your CT exam. Please check the appropriate boxes and notify us at least 48 hours prior to your appointment by calling 894-6200:

- Pregnancy
- Known allergy to iodine (x-ray) contrast
- Breast Feeding
- Kidney disease

CT with IV Contrast: LAB WORK IS REQUIRED for patients with the following. **

- Age 60 or older
- Renal Insufficiency
- Kidney Cancer

**** Please have your physician fax recent (within the last 6 weeks) BUN and Creatinine levels to 894-0174 at least 48 hours prior to your appointment.**

The following may interfere with your PET/CT exam. Please check the appropriate boxes and notify us of any of the following prior to your exam by calling (530) 894-6200:

- Pregnancy
- Diabetes **** If you are diabetic, eat and take your insulin or oral medication as directed by your physician. Generally, your blood sugar level should be below 150 mg/dL before your PET/CT scan. Test your blood sugar level before the scan. Make sure that our staff knows that you are diabetic.**

Locations

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



Excellence in Imaging