

Medical Imaging Request

Please see instructions on back

Patient Name: _____

Day Phone: _____ DOB: _____

Appointment Date: _____ Time: _____

Insurance: _____



A division of North State Radiology

NEW LOCATION!
All services located
inside the Chico
Breast Care Center

1720 Esplanade
Chico, CA 95926
530 898-0500
FAX 898-0515
nsradiology.com

- Please call patient to schedule Exam
- Request Pre-Auth Assistance

Diagnosis/Reason for Exam _____

ICD-10 Code: _____

Please fax relevant clinical information to our office along with this order.

Ultrasound Kidney Bladder Fetal Pelvic with vaginal probe Pelvic without vaginal probe

Ultrasound Thyroid Testicular Aorta Soft Tissue non-vascular

Area of concern: _____

Abdominal Ultrasound Please check appropriate exam below:

- RUQ includes liver, gallbladder, pancreas, aorta, and right kidney
- LUQ includes spleen and left kidney
- Complete

Hernia Study Location: _____

Vascular Ultrasound Please check appropriate exam below:

Carotid

Venous Insufficiency "Reflux Study" ___ Bilat ___ R ___ L

Doppler Ultrasound Please check appropriate exam below:

Extremity Venous Doppler (DVT) ___ Bilat ___ R ___ L and ___ Upper ___ Lower

Superior Mesenteric Artery / Celiac Artery Doppler Renal Artery Doppler Pseudoaneurysm

Referring Provider Name (Please Print): _____

Referring Provider Signature: X _____ CC _____

- Phone Report (_____) _____
- Hand Carry CD
- Send CD

Please FAX Form to: 530 898-0515 • Important patient information on back.



North State Imaging

PATIENT INSTRUCTIONS

Please bring this referral slip (order), insurance card, and photo ID to your appointment

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

1720 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

Examination Instructions/Preparations: Some exams require preparation prior to your appointment. Please check the prep instructions below for the exam you are having. Patients who are improperly prepared for their exam may need to be rescheduled. Please call our center if you have any questions or visit our website at www.nsradiology.com for more information.

ULTRASOUND (Kidney, Bladder, Fetal, Pelvic): Drink 1 quart of water 1½ hours prior to appointment, finishing 1 hour prior to appointment. Do not urinate.

ULTRASOUND (Abdomen, Aorta): Take nothing by mouth after midnight.

ULTRASOUND (Thyroid): Please wear a shirt with a low neckline or that opens in front if possible.

VASCULAR ULTRASOUND: Please do not use lotion or powder on the day of your exam.

• **Venous Insufficiency “Reflux” Study:** Please allow up to 2 hours for your exam.

• **Renal Artery Doppler:** Take nothing by mouth after midnight. Please allow 1½ hours for exam.

• **Mesenteric/Celiac Artery and Pseudoaneurysm:** Take nothing by mouth after midnight.

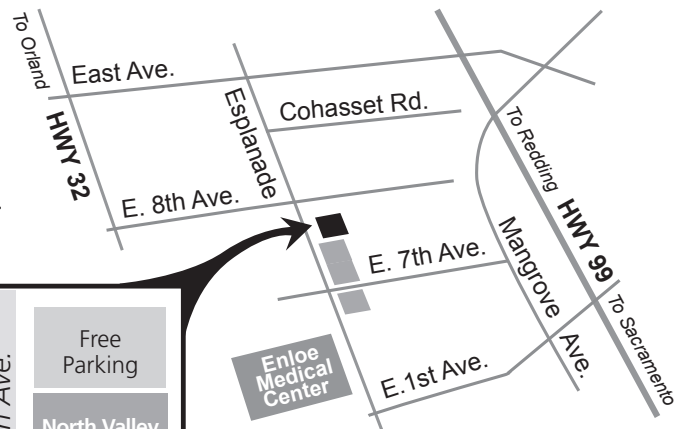
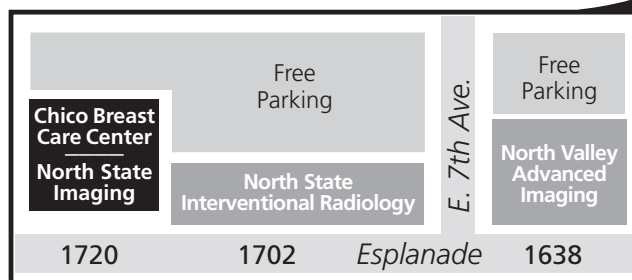
• **Aorta/Iliac/Abdominal Doppler:** Take nothing by mouth after midnight.

NEW LOCATION!

All services now located next door at 1720 Esplanade, inside the Chico Breast Care Center

Building located on Esplanade, a block north of Enloe Medical Center.

Free off-street parking can be accessed from East 7th Avenue. All buildings are ADA accessible.



Excellence in Imaging