

# 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  
Radiology  
Medical Group  
nsradiology.com

# North State Imaging

## PATIENT INSTRUCTIONS

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

**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](http://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.

### Outpatient Centers:

Chico Breast Care Center

### North State Imaging

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

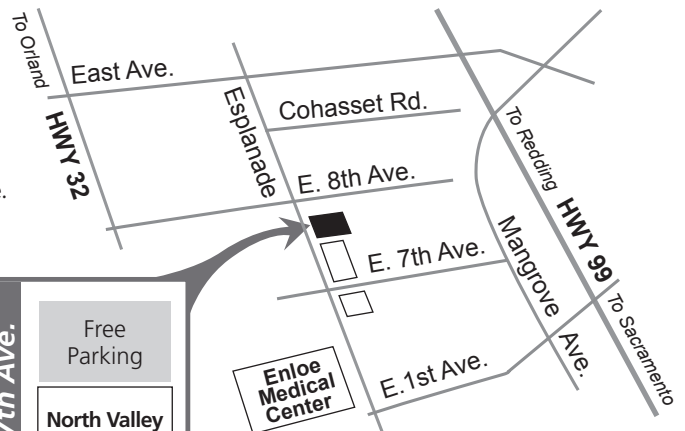
North Valley Advanced Imaging

### 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*