

Medical Imaging Request

Please see instructions on back

Patient Name: _____

Home Phone: _____ DOB: _____

Appointment Date: _____ Time: _____

Insurance: _____

Diagnosis/Reason for Exam: _____



1720 Esplanade
Chico, CA 95926
O: 530-898-0500
F: 530-898-0533
halobreastcare.com

☐ **Please Call Patient to Schedule Exam**

☐ **Request Pre-Auth Assistance**

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: _____

☐ **First Trimester** LMP _____ or EDD _____
Indication _____

☐ **Second Trimester** Special Instructions _____
☐ **Endovaginal sonography can be preformed if indicated by radiologist. ***

☐ **Third Trimester** WE DO NOT PERFORM NUCHAL TRANSLUCENCY STUDIES

☐ **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**

☐ **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): _____ Date: _____

Referring Provider Signature: X _____ CC: _____

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



HALO

BREAST CARE CENTER

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.

ULTRASOUND (Kidney, Bladder, Fetal, Pelvic): Drink 1 quart of water 1 1/2 hours prior to appointment, finishing 1 hour prior to appointment. Do not urinate.

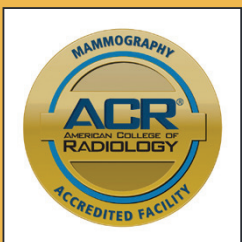
ULTRASOUND (Abdomen, Aorta): Take nothing by mouth after midnight.

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.

- **Renal Artery Doppler:** Take nothing by mouth after midnight. Please allow 11/2 hours for exam.
- **Mesenteric/Celiac Artery and Pseudoaneurysm:** Take nothing by mouth after midnight.
- **Aorta/Iliac/Abdominal Doppler:** Take nothing by mouth after midnight.

For questions, please call our center at 530-898-0500.
To pre-register for exams, to get results and other information,
please register and log in to our patient portal at
www.halobreastcare.com/patient/portal/



**Building located on Esplanade
between East 7th Ave. & 8th Ave.**



Excellence in Imaging