Medical Imaging Request

Please see instructions on back

	NORTH	Breast Care Center
Day Phone:	Imaging	1720 Esplanade Chico, CA 95926 530 898-0500 FAX 898-0515
Appointment Date:Time:	A division of North State Radiology Please call patient to	nsradiology.com
Insurance:	Request Pre-Auth As	sistance
Diagnosis/Reason for Exam		
	ICD-10 Co	ode:
Please fax relevant clinical information to our office along with	th this order.	
☐ Ultrasound ☐ Kidney ☐ Bladder ☐ Fetal ☐ Pelvic with	th vaginal probe	out vaginal probe
☐ Ultrasound ☐ Thyroid ☐ Testicular ☐ Aorta ☐ Soft Tissue non-vascular		
Ar	ea of concern:	
☐ Abdominal Ultrasound Please check appropriate exam be	elow:	
\square RUQ includes liver, gallbladder, pancreas, aorta, and right kidney	□ LUQ includes spleen and left k	cidney
Hernia Study Location:		
☐ Vascular Ultrasound Please check appropriate exam below. ☐ Carotid	r:	
□ Doppler Ultrasound <i>Please check appropriate exam below:</i>		
☐ Extremity Venous Doppler (DVT) Bilat R L ☐ Superior Mesenteric Artery / Celiac Artery Doppler ☐ I		doaneurysm
Referring Provider Name (Please Print):		
Referring Provider Signature: X	cc	
☐ Phone Report ()	☐ Hand Carry CD ☐ Send	d CD

NEW LOCATION!

All services located inside the Chico

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



Outpatient Centers:

Chico Breast Care Center

North State Imaging

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

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 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.

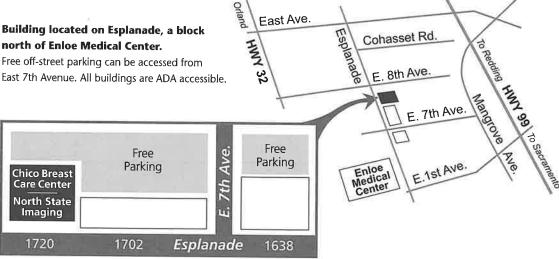
VASCULAR ULTRASOUND: Please do not use lotion or powder on the day of your exam.

- 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/Illiac/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.



Excellence in Imaging