

MRI Imaging Request

Please see instructions on back

Patient Name: _____

Home Phone: _____ DOB: _____

ICD/Diagnosis/Indications: _____

Comments: _____



BREAST CARE CENTER

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

Please Call Patient to Schedule Exam

Please call our facility for assistance obtaining your prior images if they were not performed at HALO Breast Care Center, Chico Breast Care Center or North State Imaging.

HEAD & NECK

- Brain, w/out Contrast
- Brain, with & w/out Contrast (Routine Study)**
 - Seizure Pituitary MIS
 - IAC Trigeminal Neuralgia
- Orbits, with & w/out Contrast
- Quantitative Brain Volume (NeuroQuant)
- Spectroscopy, with & w/out Contrast
 - Perfusion
- CSF Flow Study, w/out Contrast
 - Chiari Protocol N PH Protocol
- CSF Flow Study, w/out Contrast
- Neck (Soft Tissue), with & w/out Contrast
- Brachial Plexus w/out with & w/out Contrast

ABDOMEN/PELVIS

- Multiphasic Abdomen, with & w/out Contrast**
 - Liver Pancreas Adrenal Renal
- MRCP, w/out Contrast, with 3D Rendering
- Enterogram (Abd/Pelvis with & w/out Contrast)
- Routine Pelvis
 - w/out Contrast with & w/out Contrast
- Female Pelvis (GYN), with & w/out Contrast
- Pelvis Fistula Protocol, with & w/out Contrast
- Pelvis Rectal Cancer Protocol, w/out Contrast
- Pelvis Fracture Evaluation, w/out Contrast

MUSCULOSKELETAL

- Shoulder Left Right
- Hip Left Right
- Wrist Left Right
- Hand Left Right
- Elbow Left Right
- Knee Left Right
 - Implant Protocol:
 - Zimmer OtisMed
 - BioMet Smith & Nephew
- Ankle (Mid & Hind Foot) Left Right
- Foot (Mid & Hind Foot) Left Right
- Non-joint: _____
 - Left Right

Indicate for above:
 w/out Contrast with & w/out Contrast

SPINE

- Cervical Thoracic Lumbar
- SI Joints Sacrum/Coccyx
- ** Please choose from the following:
 - w/out Contrast (Routine Study)**
 - with & w/out Contrast
(Tumor Infection, L-spine Post-op < 2 years)
- Spine, Metastatic Survey, with & w/out Contrast

MR ANGIOGRAPHY (MRA)

- MRA Arch/Neck Vessels, with & w/out Contrast
- MRA COW, w/out Contrast (Time of Flight)
- MRV Cerebral Venography, w/out Contrast
- MRA Thoracic, Aorta, with Contrast
- MRA Abdomen (Aorta/Renal/Mesenteric)
- MRA Abdomen /Pelvis (AAA)
- MRA Abdomen /Pelvis with Bilat Extremity Runoff

BREAST MRI

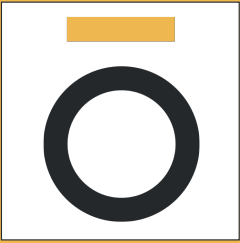
- Right Left Bilateral
- with & w/out Contrast
- w/out Contrast (Implant Evaluation)
- MRI Guided Biopsy

***By signing order, referring physician agrees to any further testing & imaging that is indicated by radiologist.**

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



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/fragment in eye
- Cochlear Implant
- Breast Tissue Expanders (not implants)
- Pregnancy/Breast Feeding

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



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