North County Radiology

ESCONDIDO
1955 Citracado Parkway, Suite 100
Escondido, CA 92029
T (760) 743-3873 F (760) 743-3874
Formerly San Diego Imaging

Patient Referral

* PATIENT PREP REQUIRED
SEE REVERSE FOR PATIENT PREP INSTRUCTIONS & MAP

PATIENT INFORMATION

PATIENT NAME _____

☐ M ☐ F DATE OF BIRTH _____ HOME PHONE (_____) _____ CELL PHONE (_____) _____

INSURANCE _____ ID # _____ AUTH # _____

REQUIRED or SEND H&P

Indication/Diagnosis _____ ☐ CHRONIC ☐ ACUTE

Specific anatomical site _____ ☐ LEFT ☐ RIGHT

If injury, cause/type and date of injury _____ For follow up fracture healing, date of fracture _____

Prior related treatment or complications _____

Pertinent personal or family history _____

REFERRING PHYSICIAN INFORMATION

PHYSICIAN NAME _____ PHYSICIAN SIGNATURE _____ DATE _____

PHONE # (_____) _____ FAX # (_____) _____ CC: _____

RADIOLOGIST MAY MODIFY THIS ORDER UNLESS THIS BOX IS CHECKED → ☐

REQUESTED SERVICES: ☐ OBTAIN AUTHORIZATION ☐ STAT

ROUTINE X-RAYS

- ☐ CHEST PA & LATERAL (Two view)
- ☐ CHEST PA (Single view)
- ☐ ABDOMEN (KUB)
- ☐ ACUTE ABDOMEN SERIES (includes PA Chest)
- ☐ PELVIS
- ☐ SACRUM/COCCYX
- ☐ OTHER (Specify): _____

- ☐ C-SPINE ☐ T-SPINE ☐ L-SPINE
- ☐ SINUSES
- ☐ NASAL BONES
- ☐ SKULL
- ☐ RIB SERIES ☐ R ☐ L
- ☐ HIP w/ AP PELVIS ☐ R ☐ L
- ☐ FINGER ☐ R ☐ L (1) (2) (3) (4) (5)
- ☐ TOE ☐ R ☐ L (1) (2) (3) (4) (5)

- ☐ SHOULDER ☐ R ☐ L
- ☐ ELBOW ☐ R ☐ L
- ☐ WRIST ☐ R ☐ L
- ☐ HAND ☐ R ☐ L
- ☐ KNEE ☐ R ☐ L
- ☐ FOOT ☐ R ☐ L
- ☐ ANKLE ☐ R ☐ L

ULTRASOUND

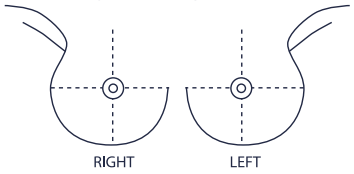
- ☐ ABDOMEN*
- ☐ AORTA*
- ☐ RENAL (KIDNEYS)*
- ☐ THYROID
- ☐ PELVIS w/TRANSVAG*
- ☐ SOFT TISSUE (Specify): _____
- ☐ TESTICULAR / SCROTUM
- ☐ MUSCULOSKELETAL (Specify): _____
- ☐ OTHER: _____

VASCULAR STUDIES

- ☐ UPPER EXTR VENOUS DOPPLER ☐ R ☐ L ☐ BIL
- ☐ LOWER EXTR VENOUS DOPPLER ☐ R ☐ L ☐ BIL
- ☐ VENOUS REFLUX – Bilateral
- ☐ LOWER EXTREMITY ARTERIAL DOPPLER – Bilateral
- ☐ CAROTID – Bilateral
- ☐ OTHER _____

BREAST IMAGING

INDICATE LUMPS OR PALPABLE ABNORMALITIES WITH AN "X"



- ☐ SCREENING MAMMO (Asymptomatic) ☐ R ☐ L ☐ BIL
- ☐ DIAGNOSTIC MAMMO (Symptomatic) ☐ R ☐ L ☐ BIL

Breast US will be performed if medically necessary

- ☐ BREAST US DIAGNOSTIC (Symptomatic) ☐ R ☐ L ☐ BIL
- ☐ SCREENING BREAST US (Asymptomatic) Bilateral

Diagnostic Mammo will be performed if medically necessary

- ☐ BREAST MRI W/O and W/ CONTRAST Bilateral
- ☐ BREAST MRI W/O and W/ CONTRAST with IMPLANTS Bilateral
- ☐ ULTRASOUND BREAST BIOPSY ☐ R ☐ L ☐ BIL
- ☐ ULTRASOUND CYST ASPIRATION ☐ R ☐ L ☐ BIL

MRI/MRA

☐ W/O CONTRAST ☐ W/O and W/ CONTRAST ☐ CONTRAST AT RADIOLOGIST'S DISCRETION ☐ TREATMENT PLANNING

MRI:

- ☐ BRAIN
  - ☐ SELLA
  - ☐ IACs
- ☐ BRAIN (w/ 3D volumetric post-processing for memory loss)
- ☐ ORBITS
- ☐ TMJ
- ☐ SOFT TISSUE NECK
- ☐ BRACHIAL PLEXUS ☐ R ☐ L
- ☐ ABDOMEN*
  - ☐ MRCP*
  - ☐ LIVER
  - ☐ RENAL
- ☐ PELVIS *PSA required for MRI Prostate
- ☐ SPINE ☐ C ☐ T ☐ L
- ☐ SACRUM
- ☐ SHOULDER ☐ R ☐ L ☐ w/ARTHROGRAM*
- ☐ ELBOW ☐ R ☐ L ☐ w/ARTHROGRAM*
- ☐ WRIST ☐ R ☐ L ☐ w/ARTHROGRAM*
- ☐ HIP ☐ R ☐ L ☐ w/ARTHROGRAM*
- ☐ KNEE ☐ R ☐ L ☐ w/ARTHROGRAM*
- ☐ ANKLE ☐ R ☐ L ☐ w/ARTHROGRAM*
- ☐ FOOT ☐ R ☐ L
- ☐ OTHER: _____

MR ANGIOGRAPHY (MRA):

- ☐ HEAD MRA
- ☐ NECK MRA (Carotids)
- ☐ CHEST MRA (Aorta)
- ☐ ABDOMEN MRA (Aorta)
- ☐ RENAL MRA
- ☐ MESENTERIC MRA

DEXA BONE DENSITY

☐ DEXA SCAN* *(includes spine and hip bone mineral density plus vertebral fracture assessment)*

CT/CTA

☐ W/O CONTRAST ☐ WITH CONTRAST* ☐ CONTRAST AT RADIOLOGIST'S DISCRETION ☐ TREATMENT PLANNING

CT:

- ☐ HEAD
- ☐ TEMPORAL BONES
- ☐ SINUS
- ☐ ORBITS (w/ 3D reformatting)
- ☐ SOFT TISSUE NECK
- ☐ CHEST
  - ☐ HIGH RESOLUTION CHEST (Interstitial Disease)
- ☐ OTHER: _____
- ☐ ABDOMEN & PELVIS*
  - ☐ CT KUB (Renal Stone Protocol)*
  - ☐ CT UROGRAM (w/ 3D reformatting)*
  - ☐ CT ENTEROGRAPHY*
- ☐ ABDOMEN*
  - ☐ LIVER MULTIPHASE*
  - ☐ RENAL MASS PROTOCOL*
- ☐ PELVIS*
- ☐ SPINE (w/ 3D reformatting) ☐ C ☐ T ☐ L
- ☐ BONE/JOINT (w/ 3D reformatting) Specify: _____

CT ANGIOGRAPHY (CTA):*

- ☐ BRAIN CTA
- ☐ NECK CTA (Carotids)
- ☐ THORACIC ARCH CTA
- ☐ PULMONARY CTA
- ☐ ABDOMEN CTA
  - ☐ RENAL
  - ☐ MESENTERIC
- ☐ ABDOMEN PELVIS CTA
  - ☐ W/ LOWER EXTREMITY RUNOFF

LABS FOR CT IV CONTRAST STUDIES:

- Pts 60yrs+
- Diabetic
- History of renal disease

(*If labs are more than six months old, Obtain new labs)

Creat. = _____ GFR = _____

Date Drawn: _____

REV 05/25

Patient Preparation Instructions

PLEASE BRING ALL INSURANCE INFORMATION WITH YOU ON THE DAY OF THE EXAM

GENERAL INSTRUCTIONS
Please notify our office prior to your appointment at (760) 743-3873 if:
- You **MIGHT** be pregnant.
- You **ARE** or **MIGHT BE** allergic to CONTRAST material (including allergies to iodine or certain medications).

If possible, please wear comfortable 2-piece clothing without metal snaps, zippers or buttons, as metal objects affect the images.

ULTRASOUND

ABDOMEN and AORTA: Nothing to eat or drink 6 hours prior to exam.

PELVIS: You should be done drinking 32 oz. of water 1 hour prior to examination. Your bladder must be full to perform the exam. Please **DO NOT** urinate prior to the exam.

RENAL: You should be done drinking 16 oz. of water 1 hour prior to examination. Please **DO NOT** urinate.

MAMMOGRAPHY
Please do not wear deodorant, powder or perfume on breast or underarm area on day of exam.

DEXA
NO calcium supplements two days prior to exam. It is suggested that you wear comfortable clothing without metal. DEXA studies cannot be scheduled within 7 days following any imaging studies that were performed with contrast, i.e. nuclear medicine, barium enema, UGI, IVP, CT, etc. Please call our office if you have any questions.

MAGNETIC RESONANCE IMAGING (MRI)

ABDOMEN and MRCP: Nothing to eat or drink for 6 hours prior to exam.

MR ARTHROGRAM
Please consult with your physician if you are taking Coumadin or other blood thinner medications.

COMPUTED TOMOGRAPHY (CT)
If you are to receive IV contrast and for all CT Angiography exams, nothing to eat 4 hours prior to your exam. Please call our office if you are uncertain.

ABDOMEN, PELVIS: Nothing to eat for 4 hours prior to your exam. For some abdomen and pelvis CT exams you may be asked to not eat after midnight the day before your exam. You may also need to drink oral contrast; please call our office for specific instructions.

CT ENTEROGRAPHY: Nothing to eat after midnight; please arrive one hour before your appointment.

CT UROGRAM: Nothing to eat for 4 hours prior to your appointment; please drink plenty of water.

North County Radiology

Maps and Directions

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T 760.743.3873
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MRI, MR ARTHROGRAM, CT, PET/CT, BREAST MRI, BREAST BIOPSY, ULTRASOUND, DIGITAL MAMMOGRAPHY, DEXA BONE DENSITY, X-RAY

DIRECTIONS TO NORTH COUNTY RADIOLOGY ESCONDIDO

Driving North or South on I-15
1. Exit Valley Parkway
2. Head West on W. Valley Parkway
3. Right on S. Auto Parkway
4. Left on S. Andreasen Drive
5. Right on Citracado Parkway

Driving East on 78
1. Exit Nordahl Road
2. Right at Nordahl Road
3. Continue on Auto Parkway
4. Right on Citracado Parkway