STANFORD RADIOLOGY SCHEDULING CENTER

Tel: (650) 723-6855 Fax: (650) 723-6036

Scheduling Hours: Monday – Friday 7:30am – 6:00pm

Website: http://stanfordhealthcare.org/imaging

Stanford HEALTH CARE

Last Name:_____ First Name:_____ ☐ Male ☐ Female

Address:_____ Phone #_____ Cell #_____

MRN:_____ Date of Birth:_____ Weight #_____ **(Required for MRI & CT)**

Specify special scheduling needs (e.g. translator):_____ **IS PATIENT PREGNANT?** ☐ Yes ☐ No

Please provide Pre-Authorization Assistance for (MRI, CT, PET/CT, PET/MR) ***(Please Fax Card):*** ☐ Yes ☐ No

Insurance Provider & Policy #_____ Authorization #_____ ☐ No Authorization Required

(Internal use only) ABN Screened? ☐ Yes Location: ☐ PAS ☐ Clinic Date Screened:_____ Initials:_____

Clinic/Office:_____ Phone # _____ Fax # _____ Pager #

Ordering Physician:_____ **Signature** _____ **Print Name** _____ Date

Attending:_____ Print Name Office Contact:_____ Print Name

☐ **"STAT Reading" requested** Contact By: Pager_____ Phone_____ Fax_____

DIAGNOSIS: **(Required)** **PLEASE FAX CLINICAL NOTES IF APPLICABLE**

ICD Code/s:_____

Signs and Symptoms:_____

History:_____

RADIOLOGY PROCEDURE REQUESTED

Physician to Physician Radiology Consult Line (650) 736-1173

Specify Body Part of Region to Be Examined (Please indicate Routine and/or Special Studies): ☐ Left ☐ Right ☐ Bilateral

1.

2.

☐ **Diagnostic** (General Radiography)_____

☐ **CT (Computed Tomography)** ☐ **CT Angiography** ☐ **3D Reconstruction**_____

☐ **MRI** ☐ **MRI Arthrogram** ☐ **MR Angiography** ☐ **3D Reconstruction**_____

☐ **Ultrasound**_____

☐ **Interventional Radiology** (CT-Guided and Angiographic Procedures) **Call to Schedule at 650-736-9081**

☐ **Mammography (2D and 3D/Tomosynthesis Available)**

Mail prior films to: Stanford Health Care, Radiology 875 Blake Wilbur Drive, Rm CC1204, Stanford, CA 94305. Image Library (650) 723-6717

☐ Screening ☐ Screening to Diagnostic mammogram with ultrasound, if clinically indicated and biopsy, if clinically indicated

☐ Diagnostic mammogram with ultrasound, if clinically indicated and biopsy, if clinically indicated

☐ Diagnostic Ultrasound History/Clinical:_____

☐ **Mammographic Procedure Type**

☐ Ultrasound Guided Core Biopsy ☐ Stereotactic Core Biopsy ☐ Fine Needle Aspiration ☐ Needle Localization

☐ **Nuclear Medicine** ☐ Sentinel Node Imaging ☐ HIDA ☐ Octreoscan Gastric Emptying: ☐ Liquid ☐ Solid

☐ Thyroid study Myocardial Perfusion: ☐ Exercise ☐ Pharmacologic

☐ Bone Scan ☐ Bone Densitometry ☐ MIBG ☐ WBC scan ☐ VQ scan ☐ Brain Perfusion

☐ **PET/CT Staging: (Required)** ☐ PI (initial treatment strategy) ☐ PS (subsequent treatment strategy)

☐ Whole Body: ☐ Skull base to mid-thigh ☐ Vertex to toes

☐ Brain ☐ Cardiac ☐ Viability ☐ Sarcoid ☐ NaF Skeletal PET ☐ Ga-68 DOTA TATE

Diagnostic CT Options (added to PET/CT): ☐ Neck ☐ Chest ☐ Abdomen/Pelvis ☐ Other_____

☐ **PET/MR Staging: (Required)** ☐ PI (initial treatment strategy) ☐ PS (subsequent treatment strategy)

☐ Abdomen/Pelvis ☐ Brain-FDG ☐ Brain-Amyloid ☐ Head/Neck ☐ Spine

☐ Whole Body: ☐ FDG ☐ NAF ☐ Other_____

☐ **GI Procedures / HSG** (Hysterosalpingogram)_____

☐ **Fluoroscopy Procedures**_____

☐ **Other**_____

Required for MRI/CT: ***(Unavailability of a required serum creatinine or non-premedication of a contrast sensitive patient may result in cancellation and rescheduling of a patient.)***

CREATININE LEVEL_____

Date Drawn_____

A creatinine level required within 30 days for:

~ Patient age 70 or older (CT/MRI)

~ Diabetes (insulin and non-insulin dependent)

~ History of Renal Insufficiency

Required for MRI/CT/Arthrogram/HSG:

History of Contrast Allergy	☐ Yes	☐ No
Premedication ordered	☐ Yes	☐ No
Diabetic taking Metformin	☐ Yes	☐ No

MESSAGE TO PHYSICIANS: Medicare will only pay for services that are reasonable and necessary for the diagnosis and treatment of the patient. The Physician must specify an ICD diagnosis code to indicate the medical necessity of each test requested. Medicare and other carriers may not pay for screening tests or tests that are not FDA approved. If there is reason to believe that a carrier will not pay for the test, the patient should be informed and asked to sign an Advanced Beneficiary Notice (ABN) indicating acceptance of responsibility for the cost of the test if the carrier denies payment.

STANFORD HEALTH CARE
STANFORD, CALIFORNIA 94305

ORDERS • RADIOLOGY REQUISITION

Appointment: Date: _____ Arrival Time: _____ Apt. Time: _____

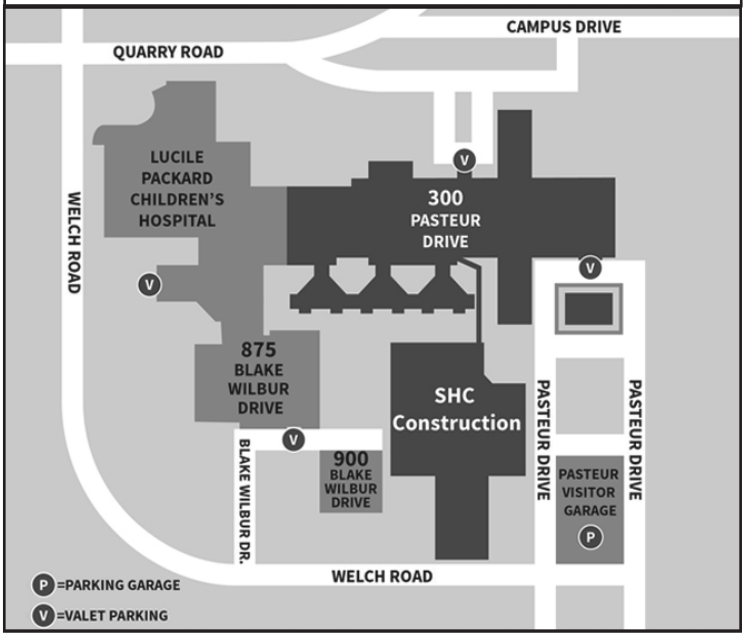
Stanford Radiology Scheduling Center
Tel: (650) 723-6855 Fax: (650) 723-6036

Patient Financial Clearance
Toll free: (877) 291-7335 (insurance and/or authorization inquiries)

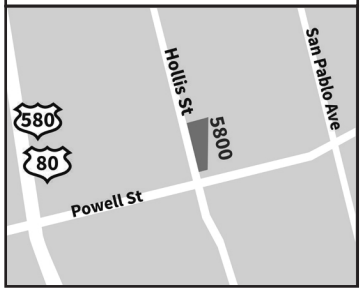
	City	Imaging Center	Address	3T MRI	1.5T MRI	CT	Ultrasound	X-Ray (Walk In)	Mammo (2D & 3D/Tomo)	DEXA / Bone Density	Nuclear Medicine	PET/CT	PET/MR	Fluoroscopy	Musculoskeletal Procedures
1	**Stanford Health Care Main Campus**	Hospital 300P	300 Pasteur Drive Stanford, CA 94305	✓	✓	✓	✓	✓		✓	✓	✓		✓	
1	**Stanford Health Care Main Campus**	Hospital 500P	500 Pasteur Drive Stanford, CA 94305	Coming FALL/WINTER 2018											
1	**Stanford Health Care Main Campus**	Blake Wilbur Outpatient Clinic	900 Blake Wilbur Drive Stanford, CA 94305	✓	✓	✓	✓	✓	✓						
1	**Stanford Health Care Main Campus**	Advanced Medicine Center	875 Blake Wilbur Drive, Stanford, CA 94305	✓				✓	✓						
2	**Emeryville**	Stanford Health Care at Emeryville	5800 Hollis St. Emeryville, CA 94608	✓		✓	✓	✓	✓	✓	✓				
3	**Palo Alto**	Stanford Medicine Imaging Center	451 Sherman Ave. Palo Alto, CA 94306	✓		✓									
4	**Palo Alto - Hoover Medical Campus**	Hoover Pavilion 1	211 Quarry Road Palo Alto, CA 94304					✓	Fall 2017						
4	**Palo Alto - Hoover Medical Campus**	Stanford Neuroscience Health Center	213 Quarry Road Palo Alto, CA 94304	✓		✓	✓						✓		
5	**Redwood City**	Stanford Medicine Outpatient Center	450 Broadway Pavilion B, Redwood City, CA 94063	✓		✓	✓	✓		✓					✓
6	**San Jose**	Stanford Cancer Center South Bay	2589 Samaritan Drive San Jose, CA 95124	✓		✓	✓	✓	✓			✓			

For additional information on driving, parking directions and parking rates, please visit: https://stanfordhealthcare.org/directions

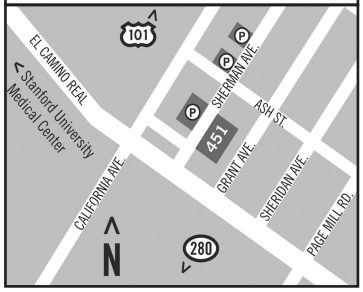
1. Stanford Health Care Main Campus**



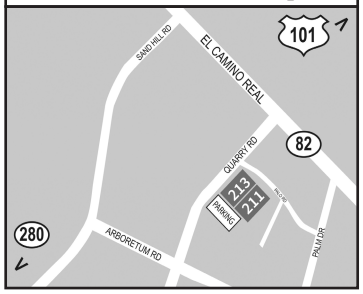
2. Emeryville*



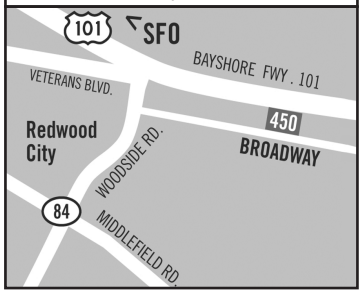
3. Palo Alto*



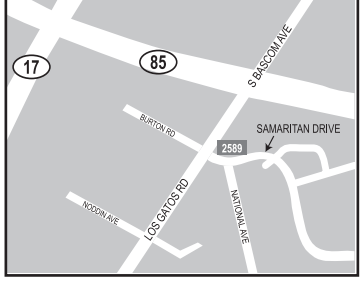
4. Palo Alto - Hoover Campus**



5. Redwood City*



6. San Jose*



***Free self parking is available. **Parking fees apply.**

(2/17)

Stanford HEALTH CARE
STANFORD MEDICINE

This page is not to be included or scanned into the patient's Medical Record.