

STANFORD RADIOLOGY SCHEDULING CENTER

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

Scheduling Hours: Monday – Friday 7:30am – 5:00pm

Website: stanfordhealthcare.org/imaging



**Stanford
MEDICINE**

Health Care

Last Name: _____ First Name: _____ Male Female Other

Address: _____ Phone # _____ Cell # _____

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

Specify other considerations (e.g. interpreter): _____ **IS PATIENT PREGNANT?** Yes No N/A

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

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

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

Ordering Physician: _____ Signature _____ Print Name _____ Date _____

Attending: _____ Print Name _____ Office Contact: _____ Print Name _____

STAT Reading Contact By: Phone _____ Cell _____ Fax _____

Routine Preferred Date: _____ Preferred Location: _____

DIAGNOSIS: (Required) PLEASE FAX CLINICAL NOTES IF APPLICABLE

ICD Code/s: _____

Signs and Symptoms: _____

History: _____

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

- CT** **Diagnostic X-ray** **Fluoroscopy Procedure** **MRI** **Ultrasound** **3D Reconstruction**
- CT Heart Calcium Score** **GI Procedure** **HSG** (Hysterosalpingogram)
- Breast Imaging (DBT = 3D-Like Digital Tomosynthesis), MG = Mammogram, Diag = Diagnostic, US = Ultrasound**
 - Screening DBT MG to Diag DBT MG with Diag Targeted US, if clinically indicated and biopsy, if clinically indicated Screening DBT MG
 - Diag DBT MG, with Diag Targeted US, if clinically indicated and biopsy, if clinically indicated Diag Targeted US
 - Contrast Enhanced Mammography Screening Automated Whole Breast US
 - Breast MRI:** Implant Eval Only Screening Current Breast Cancer Extent of Disease Current Breast Cancer after Neoadjuvant
 - Diag for Clinical/Imaging Findings Other _____
 - Prior Images:** Call the Image Library at (650) 723-6717 to inquire about the mailing locations or how to submit electronically via Ambra.
- Breast Imaging Procedure**
 - Guided Core Biopsy: US MRI Stereotactic Needle Localization: US MRI Stereotactic
 - US Fine Needle Aspiration Scout Localization: US Stereotactic
- Nuclear Medicine** Sentinel Node Imaging HIDA 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)
 - FDG PET: Skull base to mid-thigh Vertex to toes Cardiac: Viability Sarcoid
 - NaF Skeletal DOTA-TATE (NET) Axumin (Fluciclovine) PSMA Brain Amyloid
 - Diagnostic CT Options (added to PET/CT):** Neck Chest Abdomen Pelvis Other _____
- PET/MR Staging: (Required)** PI (initial treatment strategy) PS (subsequent treatment strategy)
 - PET Brain with Diagnostic Brain MR: Memory-FDG Memory-Amyloid Epilepsy-FDG Tumor-FDG
 - PET Whole Body with Diagnostic MR **(Choose body region(s) below):** FDG DOTA-TATE (NET) PYL (PSMA)
 - Diagnostic MR body region(s):** Head/Neck Chest Abdomen Pelvis Other _____
- Interventional Radiology** (CT-Guided and Angiographic Procedures) **Call to Schedule at 650-736-9081**

Required for MR/CT/arthrogram/HSG with IV contrast:

History of IV contrast allergy: Yes No

If yes, referring provider must order Prednisone and Benadryl:

Prednisone (total of 150mg PO): Take 50 mg 13 hours before, 50 mg 7 hours before and 50 mg 1 hour before scan time.

Benadryl 50 mg PO: Take 1 hour before scan time.

Non-premedication of a contrast allergic patient may result in rescheduling.

**STANFORD HEALTH CARE
STANFORD, CALIFORNIA 94305**



ORDERS • RADIOLOGY REQUISITION

ABN Message to Physician and/or SHC Radiology: 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 payors may not pay for screening tests or tests that are done for a non-covered diagnosis. If you have a reason to believe that the payor will not cover a 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 it gets denied. Please attach the ABN along with this requisition, as needed.

**RADIOLOGY PROCEDURE REQUESTED
Physician to Physician Radiology Consult Line (650) 736-1173**



Stanford Health Care Imaging Services

Stanford Radiology Scheduling Center

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

Website: stanfordhealthcare.org/imaging

Patient Financial Clearance

Phone: (650) 724-4445

(insurance and/or authorization inquiries)

City	Imaging Center	Address	3T MRI	1.5T MRI	CT	Ultrasound	X-Ray (Walk In)	Mammogram	DEXA/ Bone Density	Nuclear Medicine	PET/CT	PET/MR	Flouroscopy	Musculoskeletal Procedures	Image Library
Emeryville	Stanford Health Care at Emeryville	5800 Hollis St., Emeryville, CA 94608	✓		✓	✓	✓	S/D, 3D	✓	✓					
Emeryville	Stanford Health Care at Emeryville	6121 Hollis St., Ste. 400, Emeryville, CA 94608	✓		✓	✓					✓				
Palo Alto	Stanford Medicine Imaging Center	451 Sherman Ave., Palo Alto, CA 94306	✓		✓										✓
Palo Alto	Hoover Pavilion 1	211 Quarry Rd., Palo Alto, CA 94304					✓	S, 3D							
Palo Alto	Stanford Neuroscience Health Center	213 Quarry Rd., Palo Alto, CA 94304	✓		✓	✓						✓			✓
Redwood City	Stanford Medicine Outpatient Center	420-450 Broadway St., Redwood City, CA 94063	✓		✓	✓	✓		✓					✓	✓
San Jose	Stanford Cancer Center South Bay	2589 Samaritan Dr., San Jose, CA 95124	✓		✓	✓	✓	S/D, 3D			✓				✓
Stanford	Hospital	300/500 Pasteur Dr., Stanford, CA 94305	✓	✓	✓	✓	✓		✓	✓	✓		✓		✓
Stanford	Blake Wilbur Outpatient Clinic	900 Blake Wilbur Dr., Stanford, CA 94305	✓	✓	✓	✓	✓	S, 3D							
Stanford	Stanford Medicine Cancer Center	875 Blake Wilbur Dr., Stanford, CA 94305	✓				✓	S/D, 3D							

Stanford Health Care Tri-Valley

Stanford Health Care Tri-Valley Imaging Services

Phone: (925) 734-3376 Fax: (925) 373-4104

Website: stanfordhealthcare.org/trivalley-imaging

Patient Financial Clearance

Phone: (650) 724-4445

(insurance and/or authorization inquiries)

City	Imaging Center	Address	3T MRI	1.5T MRI	CT	Ultrasound	X-Ray (Walk In)	Mammogram	DEXA/ Bone Density	Nuclear Medicine	PET/CT	PET/MR	Flouroscopy	Musculoskeletal Procedures	Image Library
Livermore	Stanford Health Care Tri-Valley Livermore	1133 E. Stanley Blvd., Livermore, CA 94550				✓	✓	S/D, 3D	✓						✓
Pleasanton	Stanford Health Care Tri-Valley Pleasanton	5555 W. Las Positas Blvd., Pleasanton, CA 94588	✓	✓	✓	✓	✓			✓	✓		✓		✓
Pleasanton	Breast Imaging Center, Stanford Health Care Tri-Valley Pleasanton	5725 W. Las Positas Blvd., Pleasanton, CA 94588					✓	S/D, 3D							✓

S = Screening Mammogram D = Diagnostic Mammogram 3D = Mammogram Tomosynthesis 3-D Like

MedLink

medlink.stanfordhealthcare.org

Our online physician portal, Stanford MedLink, offers you and your delegates the ability to create a referral or an order. You can also access your patients' charts, physician notes, test results, and images, to stay up-to-date on your patient's care.

This page is not to be included or scanned into the patient's medical record.