STANFORD RADIOLOGY SCHEDULING CENTER Tel: (650) 723-6855 Fax: (650) 723-6036

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

Website: stanfordhealthcare.org/imaging



CT Virtual Colonoscopy Requisition and Clinical History

| Last | t Name: | First Name: | | ☐ Male ☐ Female ☐ Other | | | | | | |
|---|--|-----------------|---------------------|--|--|--|--|--|--|--|
| Add | lress: | Phone # | | Cell # | | | | | | |
| MR | N: Date of Birth: | Weight # | Heig | tht # (Required for CT) | | | | | | |
| | cify other considerations (e.g. interpreter): | | | | | | | | | |
| | use provide Pre-Authorization Assistance (<i>Plea</i> | | io initial (i i ita | GIVILIAN E 100 E 100 E 100 E 100 E | | | | | | |
| | • | • | | | | | | | | |
| Ilisu | rance Provider & Policy # | Authoriz | auon # | No Authorization Required | | | | | | |
| Clin | nic/Office: | | | | | | | | | |
| Ord | ering Physician: | Phone # | Fax # | Pager # | | | | | | |
| 014 | Signature | P | rint Name | Date | | | | | | |
| Atte | ending:Print Name | Office Contact: | D : | | | | | | | |
| | Print Name | | Prin | t Name | | | | | | |
| ICD | Code/s: | | | | | | | | | |
| Is this virtual colonoscopy exam screening or diagnostic? Diagnostic (check all that apply): History of incomplete colonoscopy (must attach colonoscopy report): tortuous bowel mass pain other High risk for optical colonoscopy: advanced age anticoagulation sedation risk other: Symptomatic patient: pain change in bowel habits G.I. bleeding other: Other: Streening (check all that apply): Patient prefers virtual over optical colonoscopy Other: 1 acknowledge to include all required documents (a copy of either history and physical or progress notes; plus, any relevant procedure reports including colonoscopy reports.) 3. Are there any contraindications to virtual colonoscopy (colitis, diverticulitis, colorectal surgery, deep endoscopic biopsy, hot snare polypectomy, or colon perforation) within the last six weeks? Yes (Radiology Scheduling Center will schedule patient at a later date) Please specify a date after which virtual colonoscopy can be safely performed No (patient will be scheduled next available) 4. The Stanford Endoscopy Center is no longer offering same-day optical colonoscopy if polyps or other abnormalities are found on the CT Virtual Colonoscopy. If polyps or other abnormalities are found, would you prefer your patient to contact your office for instructions prior to eating or drinking post CT Virtual Colonoscopy? Yes; patient to contact ordering physician for optical colonoscopy alternative options to avoid having to re-prep. No; any lesion/condition found will be dealt with at a later date. 5. Is the patient on anti-platelet therapy or anticoagulants? Yes No If yes, please provide the prescribing provider name and phone #: | | | | | | | | | | |
| | Does the patient have any iodinated contrast a | | T | | | | | | | |
| | rance Coverage: CT Virtual Colonoscopy (VC is diagnostic if it is a medical necessity (as of | | ST | STANFORD HEALTH CARE ANFORD, CALIFORNIA 94305 | | | | | | |

A CTVC is diagnostic if it is a medical necessity (as documented by referring physician). CTV diagnostic exams are covered by most insurance payers, including Medicare and Tricare.

A CTVC that is not medically necessary is a screening CTVC. Some private insurance payers may cover CTVC screenings. Currently, Medicare and Tricare do not cover screenings. A discount for self-pay is available for eligible patients.



CT VIRTUAL COLONOSCOPY
REQUISITION AND CLINICAL HISTORY



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 | \ | | \ | | | | | | | | | | 1 |
| Palo Alto | Hoover Pavilion 1 | 211 Quarry Rd., Palo Alto, CA 94304 | | | | | 1 | S, 3D | | | | | | | |
| Palo Alto | Stanford Neuroscience Health Center | 213 Quarry Rd., Palo Alto, CA 94304 | \ | | > | > | | | | | | > | | | 1 |
| Redwood City | Stanford Medicine Outpatient Center | 420-450 Broadway St., Redwood City, CA 94063 | 1 | | 1 | < | ✓ | | 1 | | | | | \ | 1 |
| San Jose | Stanford Cancer Center South Bay | 2589 Samaritan Dr., San Jose, CA 95124 | 1 | | 1 | ✓ | ✓ | S/D, 3D | | | ✓ | | | | 1 |
| Stanford | Hospital | 300/500 Pasteur Dr., Stanford, CA 94305 | 1 | 1 | 1 | 1 | 1 | | 1 | ✓ | / | | 1 | | 1 |
| Stanford | Blake Wilbur Outpatient Clinic | 900 Blake Wilbur Dr., Stanford, CA 94305 | / | 1 | 1 | / | 1 | S, 3D | | | | | | | |
| Stanford | Stanford Medicine Cancer Center | 875 Blake Wilbur Dr., Stanford, CA 94305 | 1 | | | | 1 | 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 | | | | / | 1 | S/D, 3D | 1 | | | | | | 1 |
| Pleasanton | Stanford Health Care Tri-Valley Pleasanton | 5555 W. Las Positas Blvd., Pleasanton, CA 94588 | 1 | 1 | 1 | / | √ | | | / | / | | / | | 1 |
| Pleasanton | Breast Imaging Center, Stanford Health Care Tri-Valley Pleasanton | 5725 W. Las Positas Blvd., Pleasanton, CA 94588 | | | | | 1 | 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.