

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: _____ Best Contact Phone Number/s: _____
 MRN: _____ Date of Birth: _____ Weight #: _____ Height #: _____ (Required for CT)
 Specify other considerations (e.g. interpreter): _____ **IS PATIENT PREGNANT?** Yes No N/A
 Please provide Pre-Authorization Assistance (**Please Fax Card**): Yes No
 Insurance Provider & Policy # _____ Authorization # _____ No Authorization Required

Clinic/Office: _____ Phone # _____ Fax # _____ Pager # _____
 Ordering Physician: _____ Signature _____ Print Name _____ Date _____
 Attending: _____ Office Contact: _____
 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

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

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 (CEM) 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 for instructions on submitting electronic images via Ambra.
 Breast Imaging Procedure
Guided Core Biopsy: US MRI Stereotactic CEM US Fine Needle Aspiration **Needle Localization:** US MRI Stereotactic
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
Diagnostic CT Options (added to PET/CT): Neck Chest Abdomen Pelvis Other _____
 NaF Skeletal DOTA-TATE (NET) Axumin (Fluciclovine) PSMA Brain Amyloid
 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**

Anti-anxiety Medication:
 Will your patient need anti-anxiety medication for the exam or procedure? YES NO
Patients who arrive without their medication may need to be rescheduled, as Stanford no longer dispenses Ativan.



Scan or click the QR Code for prescribing instructions.

Required for MR/CT/Arthrogram/HSG with IV contrast:
 History of IV contrast allergy: YES NO
Non-premedication of a contrast allergy patient may result in rescheduling.



Scan or click the QR Code for prescribing instructions.

STANFORD HEALTH CARE
 STANFORD, CALIFORNIA 94305

ORDERS • RADIOLOGY REQUISITION



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	Fluoroscopy	Musculoskeletal Procedures	Image Library
Castro Valley	Stanford Medicine Partners Castro Valley	20642 John Dr., Castro Valley, CA 94546	✓		✓	✓	✓	S/D, 3D	✓						
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	Fluoroscopy	Musculoskeletal Procedures	Image Library
Livermore	Stanford Health Care Tri-Valley Livermore	1133 E. Stanley Blvd., Livermore, CA 94550				✓	✓	S, 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

*Exams interpreted by Stanford Medicine Faculty

MedLink

Send and manage referrals online.
medlink.stanfordhealthcare.org

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.