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

CT Virtual Colonoscopy Requisition and Clinical History

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

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

Ordering Physician: _____ Signature _____ Print Name _____ Date

Attending: _____ Print Name Office Contact: _____ Print Name

ICD Code/s: _____

Is this virtual colonoscopy exam screening or diagnostic?

1. ☐ **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: _____

   ☐ **Screening (check all that apply):**
   - ☐ Patient prefers virtual over optical colonoscopy
   - ☐ Other: _____

2. **Required Documentation: Attach all required documents to avoid order return and scheduling delays.**
   I acknowledge the following is attached.
   - ☐ History and physical or progress notes
   - ☐ Any relevant procedure reports including colonoscopy reports
   - ☐ No procedure or colonoscopy reports are available for attachment

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:
   Prescribing Clinician Name: _____
   Phone #: _____

6. Is the patient diabetic? ☐ Yes ☐ No

7. Has the patient had poor bowel prep in the past ? ☐ Yes ☐ No

8. Does the patient have any iodinated contrast allergies ? ☐ Yes ☐ No

STANFORD HEALTH CARE
STANFORD, CALIFORNIA 94305

CT VIRTUAL COLONOSCOPY
REQUISITION AND CLINICAL HISTORY

Stanford MEDICINE | Health Care

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	✓		✓	✓	✓	S, 3D		✓	✓		✓		✓
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.

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