

Department of Radiology

Add New Provider / Provider Update Form

If this is your first time referring to Stanford Health Care Imaging Services or Stanford Health Care ValleyCare Imaging Services please complete this ONE TIME form for the Medical Staff Office provider data base.

Attention: Radiology Scheduling Center

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

ValleyCare Radiology Scheduling Center Fax: (925) 373-4104

PROVIDER INFORMATION:

NAME: _____

ADDRESS: _____

CITY, STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

NPI NUMBER: _____

LICENSE NUMBER: (Note: For CA license - 5 numbers preceded by an alpha digit) _____

SPECIALTY: _____

Radiology Scheduling Staff Use Only

Patient Name: _____

Date of Birth: _____

Accession #: _____

Scheduled By: _____ Scheduled Date: _____