

STANFORD RADIOLOGY SCHEDULING CENTER

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

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

Website: valleycare.com/imaging



Stanford HEALTH CARE

ValleyCare

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, Cardiac Evaluation) (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: \_\_\_\_\_

Is the Clinical Decision Support (Medicare Part B Recipients) attached:  Yes  No (see back page for CDS requirements)

Signs and Symptoms: \_\_\_\_\_

History: \_\_\_\_\_

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

Cardiac Evaluation:  Treadmill Stress Test w/ EKG  Stress Echo  Echo Complete  Echo limited  Other: \_\_\_\_\_

Bone Densitometry  CT  Diagnostic X-ray  Fluoroscopy Procedure  MRI  Ultrasound  3D Reconstruction

GI Procedure  HSG (Hysterosalpingogram)  EEG

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

Screening Automated Whole Breast US (Available only at the Advanced Medicine Center in Palo Alto, Fax order: 650-723-6036)

Diag DBT MG, with Diag Targeted US, if clinically indicated and biopsy, if clinically indicated  Diag Targeted US

Breast MRI:  Breast Implant Assessment Only  Cancer Detection/Assessment  Breast Implant and Cancer Detection/Assessment

Mail prior films to: Stanford Health Care - ValleyCare, Radiology 5725 W. Las Positas, Suite 120, Pleasanton, CA 94588. Image Library (925) 416-6789

Breast Imaging Procedure

Guided Core Biopsy:  US  Stereotactic

Needle Localization:  US  Stereotactic

US Fine Needle Aspiration

Scout Localization:  US  Stereotactic

Nuclear Medicine  Sentinel Node Imaging  HIDA  Octreoscan  Solid Gastric Emptying

Thyroid study Myocardial Perfusion:  Exercise  Pharmacologic

Bone Scan  MIBG  WBC scan  VQ scan  Brain Perfusion

PET/CT Staging: (Required)  PI (initial treatment strategy)  PS (subsequent treatment strategy)

Whole Body:  Skull base to mid-thigh  Vertex to toes

Diagnostic CT Options (added to PET/CT):  Neck  Chest  Abdomen  Pelvis  Other \_\_\_\_\_

Interventional Radiology (Image-Guided Procedures) Is the patient on anti-platelet therapy or anticoagulants?  Yes  No

Is the patient diabetic?  Yes  No

If yes (above), which medication? \_\_\_\_\_

Required for IV Contrast studies (MR/CT/Arthrogram):

GFR value: \_\_\_\_\_ (Last 30 days).

Date: \_\_\_\_\_

History of IV contrast allergy: Yes  No

For MRI: Pacemaker: Yes  No

If yes, make/model #: \_\_\_\_\_

Name and phone of Cardiologist: \_\_\_\_\_

STANFORD HEALTH CARE - VALLEYCARE PLEASANTON, CALIFORNIA 94588



ORDERS • RADIOLOGY REQUISITION

If yes, referring provider must order Prednisone and Benadryl:

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

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

ABN Message to Physician and/or SHC-ValleyCare 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 (925) 416-6864

**IMAGING CLINICAL DECISION SUPPORT  
REQUIRED FOR MEDICARE PART B RECIPIENTS (CT, MRI, PET, NUCLEAR MEDICINE)**

A free clinical decision support tool is available at [qcdsm.nationaldecisionsupport.com](http://qcdsm.nationaldecisionsupport.com)



**Stanford  
HEALTH CARE**

STANFORD MEDICINE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Decision Support Number (applies to NDSC/CareSelect Only): # \_\_\_\_\_

HCPCS Code: \_\_\_\_\_ HCPCS Modifier: \_\_\_\_\_ Decision Support Adherence:  Yes  No

Appropriateness Score (1-9): # \_\_\_\_\_ Appropriateness Score Exceptions, check which applies:  Emergency Medical Condition  
 Extreme/Uncontrollable Circumstance (aka Disaster)  Internet Access Issues  
 Missing Information; No Compliant Exception Recorded  Technical Issue; EHR or qCDSM

**Stanford Health Care Imaging Services**

**Stanford Radiology Scheduling Center**

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

**Website: [stanfordhealthcare.org/imaging](http://stanfordhealthcare.org/imaging)**

**Patient Financial Clearance**

**Tel: (877) 291-7335**

(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
Emeryville	Stanford Health Care at Emeryville	5800 Hollis St. Emeryville, CA 94608	✓		✓	✓	✓	S, 3D	✓	✓					✓
Palo Alto	Stanford Medicine Imaging Center	451 Sherman Ave. Palo Alto, CA 94306	✓		✓										✓
Palo Alto	Hoover Pavilion 1	211 Quarry Road Palo Alto, CA 94304					✓	S, 3D							
Palo Alto	Stanford Neuroscience Health Center	213 Quarry Road Palo Alto, CA 94304	✓		✓	✓						✓			✓
Redwood City	Stanford Medicine Outpatient Center	420-450 Broadway Street Redwood City, CA 94063	✓		✓	✓	✓		✓					✓	✓
San Jose	Stanford Cancer Center South Bay	2589 Samaritan Drive San Jose, CA 95124	✓		✓	✓	✓	S/D, 3D			✓				✓
Stanford	Hospital	300/500 Pasteur Drive Stanford, CA 94305	✓	✓	✓	✓	✓		✓	✓	✓		✓		✓
Stanford	Blake Wilbur Outpatient Clinic	900 Blake Wilbur Drive Stanford, CA 94305	✓	✓	✓	✓	✓	S, 3D							
Stanford	Advanced Medicine Center	875 Blake Wilbur Drive Stanford, CA 94305	✓				✓	S/D, 3D							

**Stanford Health Care - ValleyCare**

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Livermore	Stanford Health Care ValleyCare Livermore	1133 E. Stanley Blvd., Livermore, CA 94550				✓	✓	S, 3D	✓						✓
Pleasanton	Stanford Health Care ValleyCare Pleasanton	5555 W. Las Positas Blvd., Pleasanton, CA 94588	Fall 2020	✓	✓	✓	✓			✓	✓		✓		✓
Pleasanton	Women's Imaging Center, Stanford Health Care ValleyCare Pleasanton	5725 W. Las Positas Blvd., Pleasanton, CA 94588				✓		S/D, 3D							✓

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