

STANFORD RADIOLOGY SCHEDULING CENTER

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

Scheduling Hours: Monday – Friday 7:30am – 6:00pm

Website: http://stanfordhealthcare.org/imaging



Stanford HEALTH CARE

Last Name: _____ First Name: _____ Male Female
Address: _____ Phone # _____ Cell # _____
MRN: _____ Date of Birth: _____ Weight # _____ (Required for MRI & CT)
Specify special scheduling needs (e.g. translator): _____ IS PATIENT PREGNANT? Yes No
Please provide Pre-Authorization Assistance for (MRI, CT, PET/CT, PET/MR) (Please Fax Card): Yes No
Insurance Provider & Policy # _____ Authorization # _____ No Authorization Required
(Internal use only) ABN Screened? Yes Location: PAS Clinic Date Screened: _____ Initials: _____

Clinic/Office: _____ Phone # _____ Fax # _____ Pager # _____
Ordering Physician: _____ Signature _____ Print Name _____ Date _____
Attending: _____ Print Name _____ Office Contact: _____ Print Name _____
 "STAT Reading" requested Contact By: Pager _____ Phone _____ Fax _____

DIAGNOSIS: (Required) PLEASE FAX CLINICAL NOTES IF APPLICABLE
ICD Code/s: _____
Signs and Symptoms: _____
History: _____

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

Diagnostic (General Radiography)
 CT (Computed Tomography) CT Angiography 3D Reconstruction
 MRI MRI Arthrogram MR Angiography 3D Reconstruction
 Ultrasound
 Interventional Radiology (CT-Guided and Angiographic Procedures) Call to Schedule at 650-736-9081
 Mammography (2D and 3D/Tomosynthesis Available)
Mail prior films to: Stanford Health Care, Radiology 875 Blake Wilbur Drive, Rm CC1204, Stanford, CA 94305. Image Library (650) 723-6717
 Screening Screening to Diagnostic mammogram with ultrasound, if clinically indicated and biopsy, if clinically indicated
 Diagnostic mammogram with ultrasound, if clinically indicated and biopsy, if clinically indicated
 Diagnostic Ultrasound History/Clinical: _____
 Mammographic Procedure Type
 Ultrasound Guided Core Biopsy Stereotactic Core Biopsy Fine Needle Aspiration Needle Localization
 Nuclear Medicine Sentinel Node Imaging HIDA Octreoscan 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)
Cardiac: Viability Sarcoid NaF Skeletal PET Ga-68 DOTA TATE (NET)
Whole Body: Skull base to mid-thigh Vertex to toes
Diagnostic CT Options (added to PET/CT): Neck Chest Abdomen Pelvis Other _____
 PET/MR Staging: (Required) PI (initial treatment strategy) PS (subsequent treatment strategy)
Brain: Memory-FDG Memory-Amyloid Epilepsy-FDG Tumor-FDG
Whole Body: FDG
Diagnostic MR Options (added to PET/MR): Brain Head/Neck Chest Abdomen Pelvis
 GI Procedures / HSG (Hysterosalpingogram)
 Fluoroscopy Procedures
 Other _____

Required for MRI/CT: (Unavailability of a required serum creatinine or non-premedication of a contrast sensitive patient may result in cancellation and rescheduling of a patient.)

CREATININE LEVEL _____ Required for
Date Drawn _____ MRI/CT/Arthrogram/HSG:
A creatinine level required within 30 days for:
~ Patient age 70 or older (CT/MRI) History of Contrast Allergy Yes No
~ Diabetes (insulin and non-insulin dependent) Premedication ordered Yes No
~ History of Renal Insufficiency Diabetic taking Metformin Yes No

STANFORD HEALTH CARE
STANFORD, CALIFORNIA 94305



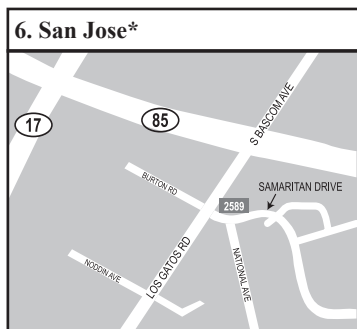
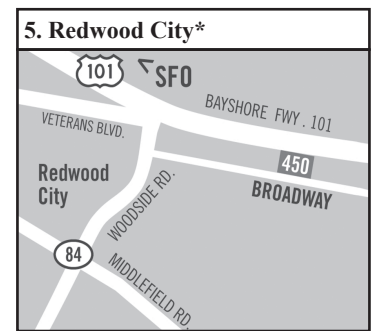
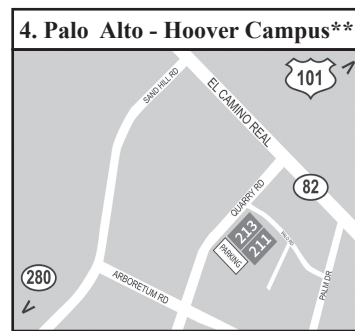
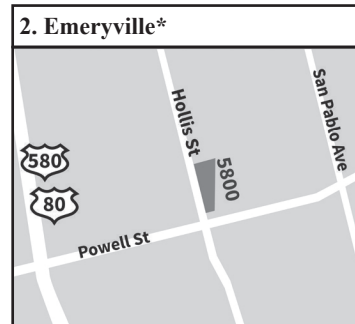
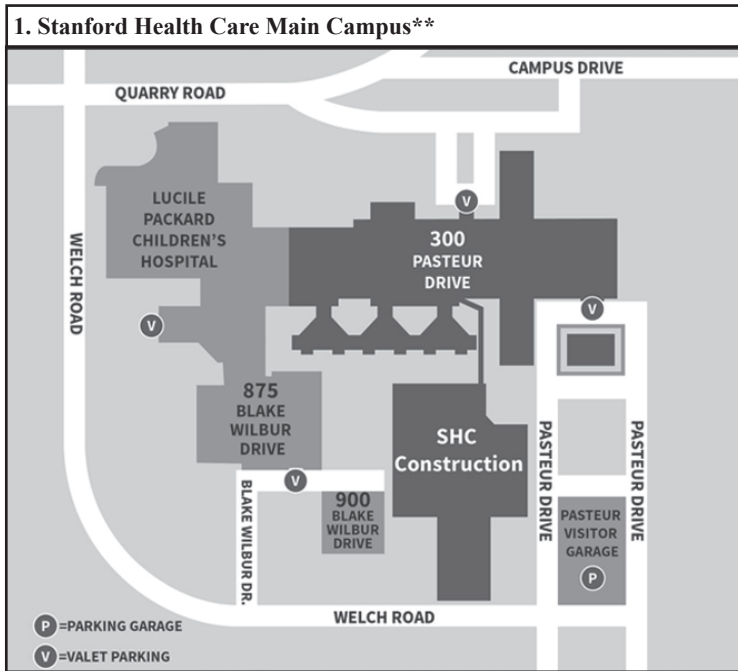
ORDERS • RADIOLOGY REQUISITION

MESSAGE TO PHYSICIANS: 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 carriers may not pay for screening tests or tests that are not FDA approved. If there is reason to believe that a carrier will not pay for the 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 the carrier denies payment.

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

	City	Imaging Center	Address	3T MRI	1.5T MRI	CT	Ultrasound	X-Ray (Walk In)	Mammo (2D & 3D/Tomo)	DEXA / Bone Density	Nuclear Medicine	PET/CT	PET/MR	Fluoroscopy	Musculoskeletal Procedures
1	Stanford Health Care Main Campus	Hospital 300P	300 Pasteur Drive Stanford, CA 94305	✓	✓	✓	✓	✓		✓	✓	✓		✓	
1	Stanford Health Care Main Campus	Hospital 500P	500 Pasteur Drive Stanford, CA 94305	Coming FALL/WINTER 2018											
1	Stanford Health Care Main Campus	Blake Wilbur Outpatient Clinic	900 Blake Wilbur Drive Stanford, CA 94305	✓	✓	✓	✓	✓	✓						
1	Stanford Health Care Main Campus	Advanced Medicine Center	875 Blake Wilbur Drive, Stanford, CA 94305	✓				✓	✓						
2	Emeryville	Stanford Health Care at Emeryville	5800 Hollis St. Emeryville, CA 94608	✓		✓	✓	✓	✓	✓	✓				
3	Palo Alto	Stanford Medicine Imaging Center	451 Sherman Ave. Palo Alto, CA 94306	✓		✓									
4	Palo Alto - Hoover Medical Campus	Hoover Pavilion 1	211 Quarry Road Palo Alto, CA 94304					✓	Fall 2017						
4	Palo Alto - Hoover Medical Campus	Stanford Neuroscience Health Center	213 Quarry Road Palo Alto, CA 94304	✓		✓	✓						✓		
5	Redwood City	Stanford Medicine Outpatient Center	450 Broadway Pavilion B, Redwood City, CA 94063	✓		✓	✓	✓		✓					✓
6	San Jose	Stanford Cancer Center South Bay	2589 Samaritan Drive San Jose, CA 95124	✓		✓	✓	✓	✓			✓			

For additional information on driving, parking directions and parking rates, please visit: <https://stanfordhealthcare.org/directions>



*Free self parking is available. **Parking fees apply.

(4/17)

