

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ (Required for MR/CT)

Physician Name: \_\_\_\_\_ Physician Signature: \_\_\_\_\_  
 Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_  
 Routine (Within 24 hours)  Expedited (Within 4 hours)  STAT (Within 2 hours)

**Diagnosis:**  
 Clinical History: \_\_\_\_\_  
 ICD Code(s): \_\_\_\_\_

**Insurance:**  
 Insurance Provider and Policy Number: \_\_\_\_\_  
 Authorization Number: \_\_\_\_\_  No Authorization Needed

**Clinical Decision Support: (Required for MR/CT):**  
*Effective January 1st, 2022 providers must consult appropriate use criteria (AUC) through a qualified Clinical Decision Support Mechanism (qCDSM) when ordering advanced diagnostic imaging services.*  
 Decision Support Number (applied 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 Issues  Missing Information; No Compliant Exception Recorded  Technical Issue; EHR or qCDSM

**MRI**

Body Part: \_\_\_\_\_ L / R / Bilateral  without  with only  with and without  
 Body Part: \_\_\_\_\_ L / R / Bilateral  without  with only  with and without  
 Per Radiologist Recommendation

**CT**

Body Part: \_\_\_\_\_ L / R / Bilateral  without  with only  with and without  
 Body Part: \_\_\_\_\_ L / R / Bilateral  without  with only  with and without  
 Per Radiologist Recommendation

**US**

Body Part: \_\_\_\_\_ L / R / Bilateral  
 Body Part: \_\_\_\_\_ L / R / Bilateral

**Mammography**

2D Screening  
 3D Screening

**X-ray**

Body Part: \_\_\_\_\_ L / R / Bilateral  
 Body Part: \_\_\_\_\_ L / R / Bilateral

**DEXA**

Bone Density  
 Vertebral Fracture Assessment (VFA)

## Preparing for your Imaging Exam

Bring a valid photo ID and insurance card, if applicable. Patients should check in 15 minutes prior to their appointment time. For patients under 18 years old, a parent or guardian must be present for the duration of the appointment.

### **MRI**

Patients will be pre-screened during scheduling, and check-in. Before starting the exam, our staff will perform a final safety check using our FERRALERT Target Scanner. All metal must be removed before entering the room. Patient will be provided with MRI safe disposable tops and bottoms. Most pacemakers are not MRI safe. Patients with pacemakers will be instructed to contact their referring provider for alternative options.

*MRI Contrast Exams:* Labs are required for patients over the age of 60 years old or who have a history of renal disease.

### **CT Exams**

Additional exam preparations will be given at the time of scheduling.

*CT Contrast Exams:* Clear liquids only 2.5 hours prior to appointment time. Labs are required for patients over the age of 60 years old or who have a history of renal disease.

### **Mammography**

Patients should schedule their mammogram appointment during the first 10 days of their menstrual cycle. Avoid wearing any deodorant, lotion, perfume, or powder under arms or chest/breast area.

### **Ultrasound**

Abdominal: Patient must fast 8 hours prior to their appointment time. Water is acceptable.

\*If patient is diabetic, patient can have a light breakfast, but absolutely no dairy products.

Pelvis, Renal and Obstetrics: Patient must drink 32 ounces of water, 1 hour prior to exam. For optimal results, patient bladder must be full during exam.

## Stanford Medicine Imaging and Express Care offers both Imaging and

Express Care services at this location. We are committed to providing the highest quality care and effective diagnostic services for all patients.

### **Hours of Operation:**

Monday through Friday 8am–8pm, Saturday/Sunday 9am–7pm.

We offer same-day and next-day appointments for patients two years and older.

We treat minor conditions including, but not limited to:

- Animal bites
- Common cold symptoms
- Eye redness, discharge, or itchiness
- Ear pain
- Headaches
- Minor cuts and lacerations
- Nausea/vomiting
- Pain including abdominal pain, back pain, and ear pain
- Sports/school physicals
- Strains and sprains
- STD screenings
- Sunburns

### **Other Locations:**

**Stanford Medicine Partners Castro Valley**  
20642 John Drive  
Castro Valley, CA 94546  
Phone: 510.785.5000

### **Website:**

<https://stanfordhealthcare.org/medical-clinics/stanford-medicine-partners-castro-valley.html>