

STANFORD RADIOLOGY SCHEDULING CENTER

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

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

Website: stanfordhealthcare.org/imaging



Stanford HEALTH CARE

Last Name: _____ First Name: _____ Male Female Other

Address: _____ Phone # _____ Cell # _____

MRN: _____ Date of Birth: _____ Weight # _____ (Required for MRI & CT)

Specify special scheduling needs (e.g. translator): _____ IS PATIENT PREGNANT? Yes No N/A

Please provide Pre-Authorization Assistance for (MRI, CT, PET/CT, PET/MR) (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: _____

Signs and Symptoms: _____

History: _____

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

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

GI Procedure HSG (Hysterosalpingogram)

Breast Imaging (DBT = 3D-Like Digital Tomosynthesis), MG = Mammogram, Diag = Diagnostic, US = Ultrasound

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

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

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

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

Mail prior films to: Stanford Health Care, Radiology 875 Blake Wilbur Drive, CC1250, M/C 5828 Stanford, CA 94305. Image Library (650) 723-6717

Breast Imaging Procedure

Guided Core Biopsy: US MRI Stereotactic Needle Localization: US MRI Stereotactic US Fine Needle Aspiration

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)

Whole Body: Skull base to mid-thigh Vertex to toes Cardiac: Viability Sarcoid

NaF Skeletal PET Ga-68 DOTA TATE (NET) Axumin (Fluciclovine)

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 Ga-68 DOTA TATE (NET)

Diagnostic MR Options (added to PET/MR): Brain Head/Neck Chest Abdomen Pelvis Other _____

Interventional Radiology (CT-Guided and Angiographic Procedures) Call to Schedule at 650-736-9081

Other _____

Required for MR/CT/arthrogram/HSG with IV contrast:

History of IV contrast allergy: Yes No

If yes, referring provider must order Prednisone and Benadryl:

Prednisone (total of 150mg PO): Take 50mg 13 hours before,

50mg 7 hours before and 50 mg 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 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.

STANFORD HEALTH CARE
STANFORD, CALIFORNIA 94305



ORDERS • RADIOLOGY REQUISITION

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

STANFORD HEALTH CARE IMAGING CENTERS

Stanford Health Care Imaging Services*

Stanford Radiology Scheduling Center
 Tel: (650) 723-6855 Fax: (650) 723-6036
 Website: 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*

Stanford Health Care - ValleyCare Imaging Services
 Tel: (925) 734-3376 Fax: (925) 373-4104
 Website: valleycare.com/imaging

Patient Financial Inquiries
 Tel: (925) 734-3376
 (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 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	Summer 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

*Exams interpreted by Stanford Medicine Faculty



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