

STANFORD RADIOLOGY SCHEDULING CENTER

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

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

Website: stanfordhealthcare.org/imaging



Stanford MEDICINE

Health Care

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, 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: _____ Office Contact: _____

Print Name _____ 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

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

CT Heart Calcium Score GI Procedure HSG (Hysterosalpingogram)

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)

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

Breast MRI: Implant Eval Only Screening Current Breast Cancer Extent of Disease Current Breast Cancer after Neoadjuvant

Diag for Clinical/Imaging Findings Other _____

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

Scout Localization: US Stereotactic

Nuclear Medicine Sentinel Node Imaging HIDA

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)

FDG PET: Skull base to mid-thigh Vertex to toes

Cardiac: Viability Sarcoid

NaF Skeletal DOTA-TATE (NET) Axumin (Fluciclovine) PYL (PSMA)

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

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

PET Brain with Diagnostic Brain MR: Memory-FDG Memory-Amyloid Epilepsy-FDG Tumor-FDG

PET Whole Body with Diagnostic MR (Choose body region(s) below): FDG DOTA-TATE (NET) PYL (PSMA)

Diagnostic MR body region(s): Head/Neck Chest Abdomen Pelvis Other _____

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

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 50 mg 13 hours before, 50 mg 7 hours before and 50 mg 1 hour before scan time.

Benadryl 50 mg PO: Take 1 hour before scan time.

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

STANFORD HEALTH CARE STANFORD, CALIFORNIA 94305



ORDERS • RADIOLOGY REQUISITION

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.

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

**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



**Stanford
MEDICINE**

Health Care

Last Name: _____ First Name: _____ Date of Birth: _____

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

HCPDS Code: _____ HCPDS 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
Phone: (650) 723-6855 Fax: (650) 723-6036
Website: stanfordhealthcare.org/imaging

Patient Financial Clearance
Phone: (650) 724-4445
 (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/D, 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	Stanford Medicine Cancer Center	875 Blake Wilbur Drive Stanford, CA 94305	✓				✓	S/D, 3D							

Stanford Health Care Tri-Valley

Stanford Health Care Tri-Valley Imaging Services
Phone: (925) 734-3376 Fax: (925) 373-4104
Website: stanfordhealthcare.org/trivalley-imaging

Patient Financial Clearance
Phone: (650) 724-4445
 (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 Tri-Valley Livermore	1133 E. Stanley Blvd., Livermore, CA 94550				✓	✓	S, 3D	✓						✓
Pleasanton	Stanford Health Care Tri-Valley Pleasanton	5555 W. Las Positas Blvd., Pleasanton, CA 94588	✓	✓	✓	✓	✓			✓	✓		✓		✓
Pleasanton	Breast Imaging Center, Stanford Health Care Tri-Valley Pleasanton	5725 W. Las Positas Blvd., Pleasanton, CA 94588				✓		S/D, 3D							✓

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