

SCHEDULING CENTER ♦ Tel: (650)723-6855 ♦ Fax: (650)723-6036

- HOSPITAL – 300 Pasteur Drive
- BLAKE WILBUR OUTPATIENT CLINIC – 900 Blake Wilbur Drive
- ADVANCED MEDICINE CENTER/CANCER CENTER – 875 Blake Wilbur Drive
- STANFORD MEDICINE IMAGING CENTER – 451 Sherman Avenue, Palo Alto
- STANFORD MEDICINE OUTPATIENT CENTER – 450 Broadway, Redwood City



STANFORD
HOSPITAL & CLINICS

Department of Radiology

Name: _____ Phone # _____ Cell # _____

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

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

Insurance Provider & Policy # (*Please Fax Card*): _____

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)

ICD-9 Code/s: _____

Signs and Symptoms: _____

History: _____

PLEASE FAX CLINICAL NOTES IF APPLICABLE

RADIOLOGY PROCEDURE REQUESTED

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

1. MRI head, neck, chest, abdomen, pelvis, extremity with and without
 2. at 3T: Li-Fraumeni syndrome, evaluate for tumors

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 (If outside film is available, please bring it on the day of the appointment)
 Screening (patients must be > 40 yrs of age) Diagnostic with Ultrasound (if indicated, see back page for indications) Ultrasound

Mammographic Procedure Type (Call to schedule at 650-736-4383)
 Ultrasound Guided Core Biopsy Stereotactic Core Biopsy Fine Needle Aspiration Needle Localization

Nuclear Medicine
 Thyroid study SIR study Rest Ventriculography Myocardial Perfusion: Exercise Pharmacologic
 Bone Scan Bone Densitometry MIBG WBC scan VQ scan Brain Perfusion

PETCT: Lymphoma Melanoma Sarcoma Myeloma Thyroid Lung Breast
 Ovary Head/Neck Esophageal Pancreas Testes Colorectal Cervical

GI Procedures /HSG (Hysterosalpingogram) _____

Fluoroscopy Procedures _____

Other: _____

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

CREATININE LEVEL _____
Date Drawn _____

- A creatinine level required within 30 days for:
- ~ Patient age 60 or older (MRI)
 - ~ Patient age 70 or older (CT)
 - ~ Diabetes (insulin and non insulin dependent)
 - ~ History of Renal Insufficiency

Required for MRI/CT/Arthrogram/HSG:

- History of Contrast Allergy Yes No
 Premedication ordered Yes No
 Diabetic taking Metformin Yes No

STANFORD HOSPITAL and CLINICS
 STANFORD, CALIFORNIA 94305



ORDERS • RADIOLOGY REQUISITION

One convenient number to schedule imaging services at all five locations:

Stanford Radiology Scheduling Center (650)723-6855 Fax (650)723-6036

For more information, go to: <http://imaging.stanfordhospital.org>



STANFORD
HOSPITAL & CLINICS

Department of Radiology

Palo Alto

Stanford Medicine Imaging Center

451 Sherman Avenue, Palo Alto, CA 94306

Hours: Monday-Friday, 7:00AM to 5:00 PM

Services: MRI and CT

Directions:

From 280 Exit Page Mill Road East and turn Left/North on El Camino Real. Drive 3 blocks and turn right on Sherman Avenue, just after the Olive Garden Restaurant.

From 101 Exit Oregon Expressway West and turn Right/North on El Camino Real. Drive 3 blocks and turn right on Sherman Avenue, just after the Olive Garden Restaurant.

Valet parking is available. Public parking is also available in lots located opposite the center and along Sherman Avenue.



Redwood City

Stanford Medicine Outpatient Center

450 Broadway Pavilion B, Redwood City, CA 94063

Hours: Monday-Friday, 7:00AM to 5:00 PM

Services: MRI, CT, Diagnostic X-Ray, US, Bone Density

Directions:

From South (San Jose)-Take US-101 North toward San Francisco. Exit CA-84/Woodside Road West (18 miles). Take Woodside Road to Broadway Street (.7 mile). Turn left on Broadway Street. Stanford Medicine Outpatient Center will be on the left (.6 mile).

From North (San Francisco)- Take US-101 South toward San Jose. Exit CA-84/Woodside Road West (25 miles). Take Woodside Road to Broadway Street (.3 mile). Turn left on Broadway Street. Stanford Medicine Outpatient Center will be on the left (.6 mile).



Stanford Hospital

300 Pasteur Drive, Stanford, CA 94305

Patient Admitting Registration – Ground Floor

Services: Diagnostic X-Ray, Cath Lab, IR, CT, US, & GI

MRI Service/Registration – First Floor

Nuclear Medicine & PET-CT Service/Registration – 2nd Floor H2200

Blake Wilbur Outpatient Clinic

900 Blake Wilbur Drive, Stanford, CA 94305

Patient Registration – Ground Floor

Services: Diagnostic X-Ray, CT, US, MRI and Mammography

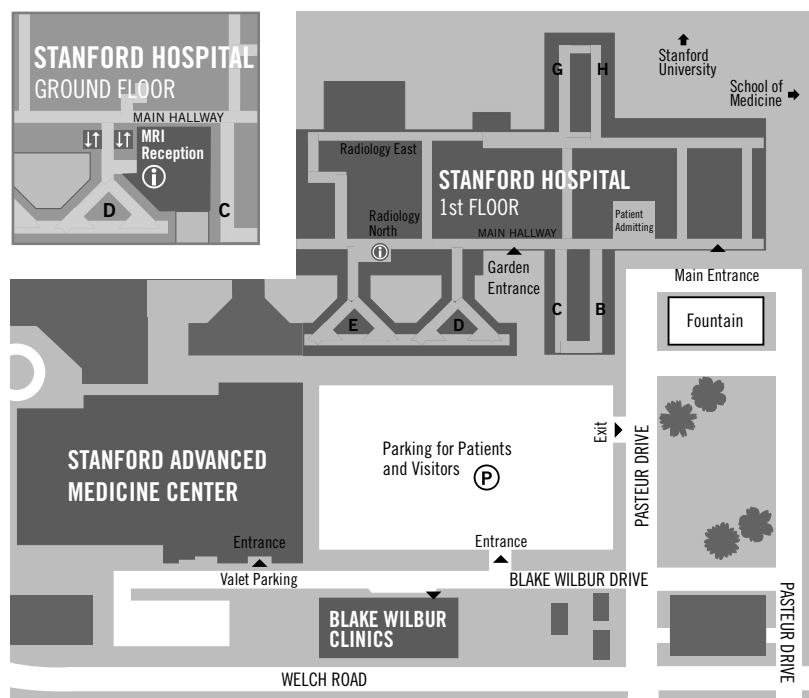
Advanced Medicine Center

875 Blake Wilbur Drive, Stanford, CA 94305

Patient Registration – First Floor CC 1227

Services: Diagnostic X-Ray and Mammography

Parking: Please use the Patient & Visitor parking Structure in front of Stanford Main Hospital when coming for services at either Blake Wilbur Clinic or the Stanford Advanced Medicine Center. Valet parking is available at Advanced Medicine Center.



Diagnostic with Ultrasound Indications: Palpable focal (1 finger) masses, unilateral single duct nipple discharge, focal thickening, focal pain, mammographically detected masses or focal asymmetries, further investigation after abnormal MRI, prior ultrasound- guided biopsy within the prior 3 years.

MESSAGE TO PHYSICIANS: Medicare pays only for tests which it considers medically necessary for the diagnosis or treatment of the patient. It will NOT pay for screening tests, i.e., testing for disease when a patient displays no symptomatology or evidence of disease. Exception to this rule is mammography when specific criteria are met. When ordering mammography, indicate whether it is for diagnostic screening purpose by checking the appropriate choice. Ancillary services are expected to have on file a diagnosis, system, or complaint that shows medical necessity.