

**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: \_\_\_\_\_

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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 \_\_\_\_\_

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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 abdomen, pelvis, lower extremity with/without 3T: evaluate DVT

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** (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>



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## 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

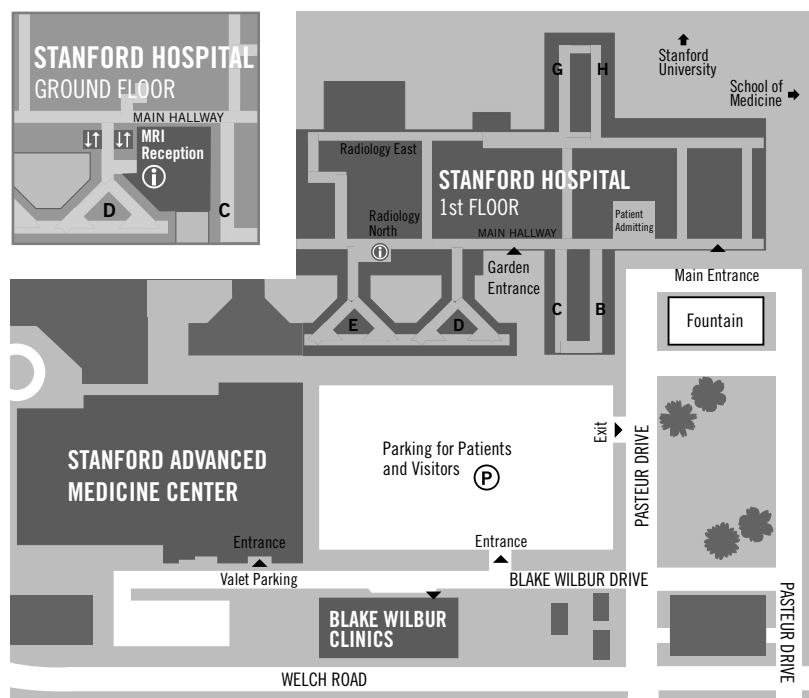
### Advanced Medicine Center

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.