Stanford Children's Health | Lucile Packard Children's Hospital Stanford

725 Welch Rd • Stanford CA 94304
radiology.stanfordchildrens.org

FIRST _____ MIDDLE _____ LAST _____

DOB (required): _____

Medical Record Number (if available): _____

or Current Lucile Packard Children's Hospital Stanford Label

L14283-Pedi Radiology Req

• Pediatric sub-specialty expertise • Compassionate staff experienced in pediatric patients • Radiology consult available M–F; 8–6pm

Main Radiology: (650) 497-8376, Scheduling option #1, MD consult option #3 • Fax (650) 724-2663

INSURANCE Provider: _____ Policy#: _____ Phone#: _____

(Insurance card (front & back) must be faxed if patient is not a current Lucile Packard Children's Hospital Stanford Patient)

○ Routine ○ Time sensitive: requirement _____ ☐ STAT: reason _____

Will exam need to be coordinated with other tests/appt? ○ No ○ Yes if yes, please specify _____

Special Needs: ☐ Translator, Language: _____ ☐ Other: _____

PARENT/Legal Guardian's Name: _____ Specify relationship to patient (Mother, Father, etc): _____

Phone#: _____ Cell#: _____

Check one: ○ Call Family to schedule ○ Call Office to schedule name: _____ phone: _____

(min 3 & max 7 characters) Letter Number Letter or Number

DIAGNOSIS (ICD-10 Required): ☐☐☐.☐☐☐☐

Symptoms: _____

Clinical concern: _____

Underlying/Provisional Diagnosis: _____

Report Results: ○ Routine ○ Stat ☐ Import images for comparison ☐ Import and interpret

MRI*

☐ Contrast ☐ W/O Contrast ☐ With 3D Reconstruction

☐ Brain _____ _____
☐ Brain w/MRA _____
☐ Abdomen _____
☐ Abdomen & Pelvis _____
☐ Abdomen & Pelvis w/MRA _____
☐ Other: _____
☐ Spine ☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Chest _____
☐ Chest w/MRA _____
☐ Cardiac _____ _____
☐ Extremity/Joint _____ ☐ R ☐ L _____ ☐ R ☐ L

ULTRASOUND

☐ South Bay ☐ LPCH ☐ Sunnyvale
☐ W/Doppler if necessary

☐ Abdomen
☐ Abdomen Limited Single organ _____
☐ Kidney and Bladder
☐ Kidney Transplant
☐ Pelvis
☐ Testicular
☐ Testicular With Doppler
☐ Extremity ☐ R ☐ L ☐ Site: _____ ☐ Vascular ☐ Non Vascular
☐ VCUG
☐ Other: _____

NUCLEAR MEDICINE

☐ General NUCs: _____
☐ PET MRI w/dedicated MRI
Indicate MRI body part of clinical concern: _____

*Does patient have the following: (Required for MRI/CT/Fluoroscopy/ Nuc Med)

Yes	No	
○	○	Allergies
○	○	Adverse Sedation Event
○	○	CNS Abnormalities
○	○	Development Delay
○	○	History of Renal Disease
○	○	Cardiac Disease
○	○	Previous CT
○	○	Previous MRI
○	○	Previous Contrast Reaction
○	○	Implant/Dental Braces

If required, do you authorize an anesthesia consult? ○ No ○ Yes

If yes, History and Physical with order/request is required.

CT*

☐ Contrast ☐ W/O Contrast ☐ With 3D Reconstruction

☐ Brain _____ _____
☐ Facial Bones _____
☐ Sinus
☐ Chest _____
☐ Chest, Abd & Pelvis _____
☐ Other: _____
☐ Abd & Pelvis
☐ Abdomen (only)
☐ Spine ☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Cardiac _____ _____
☐ Extremity/Joint _____ ☐ R ☐ L

X-RAY/FLUOROSCOPY*

☐ LPCH ☐ Sunnyvale

☐ Chest PA/AP
☐ Chest 2V
☐ Extremity/Joint _____ ☐ R ☐ L _____ ☐ R ☐ L
☐ Abdomen _____
☐ Pelvis
☐ Scoliosis _____
☐ Other: _____
☐ Spine ☐ Cervical ☐ Thoracic ☐ Lumbar
☐ VCUG
☐ UGI
☐ UGI with SBFT
☐ Modified Barium Swallow
☐ BE
☐ Bone Density (Sunnyvale only)
☐ Scoliosis (EOS/Emeryville only)

Certain imaging exams require a pregnancy test for females > 12 years old

Practice/Clinic: _____ Phone#: _____ Fax#: _____ Pager#: _____

Primary Care Physician (Print Name) _____

DATE TIME	Ordering Provider Signature:		
	Print Name:	Credentials:	Pager Number if applicable:
DATE TIME	Packard Provider Signature:		
	Print Name:	Credentials:	Pager Number if applicable:

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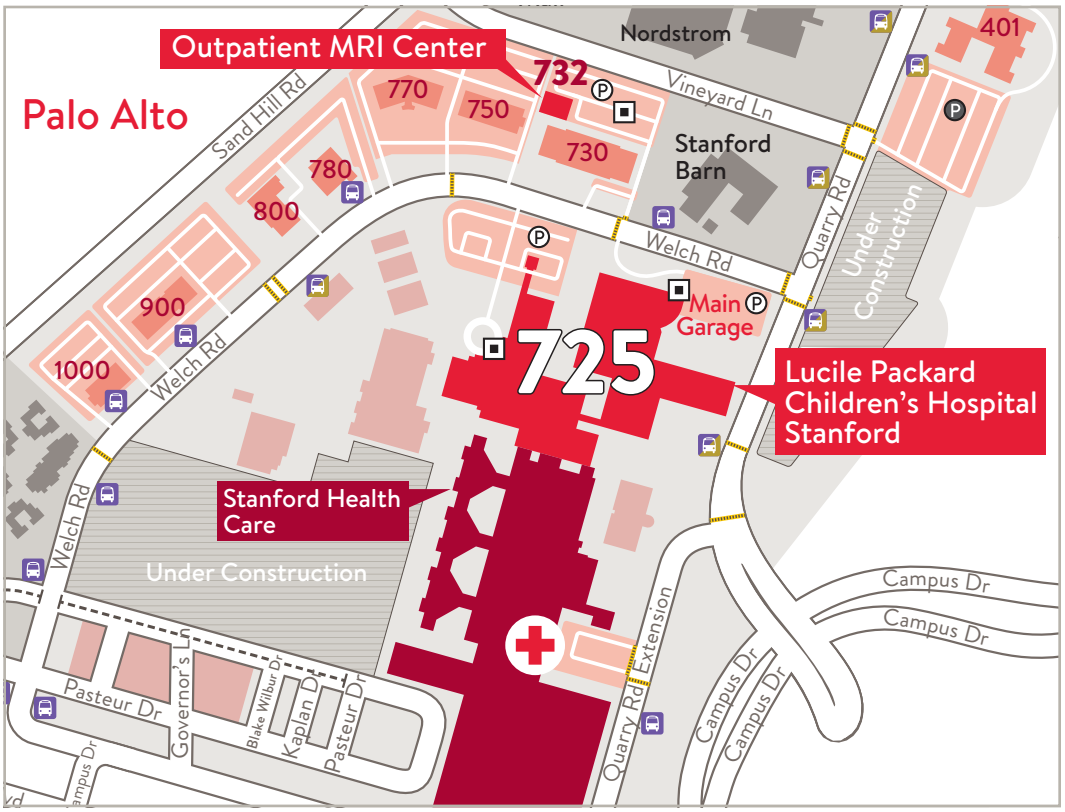
Patient Information

Radiology Services

Scheduling (650) 497-8376 • Fax (650) 724-2663

- Authorization services
- Saturday/Sunday & evening appointments for many services
- 3T MRI - High Speed CT
- Complimentary valet parking
- Music, movies, exam preparation to optimize patient's visit



Patient must provide 2 forms of ID (Name/Date of Birth) prior to exam at registration, and Parent/ Guardian must provide picture ID.

Pregnancy Policy
Certain imaging exams require a pregnancy test for females > 12 years old

Outpatient MRI Center
732 Welch Rd
Stanford, CA 94304

Lucile Packard Children's Hosptial Stanford
725 Welch Rd
Stanford, CA 94304

Where do I go?

Scheduling outpatient appointments will trigger a confirmation phone call one and three days prior. If you are unclear as to where your exam is scheduled or where to arrive, please call Main Scheduling at (650) 497-8376.

Lucile Packard Children's Hospital Stanford, 725 Welch Rd

The hospital has a large parking lot for patients and visitors. Complimentary valet parking is also available.

For Ultrasound, Fluoroscopy and Plain Film
Enter the Main Hospital entrance and request directions to 1st floor Radiology.

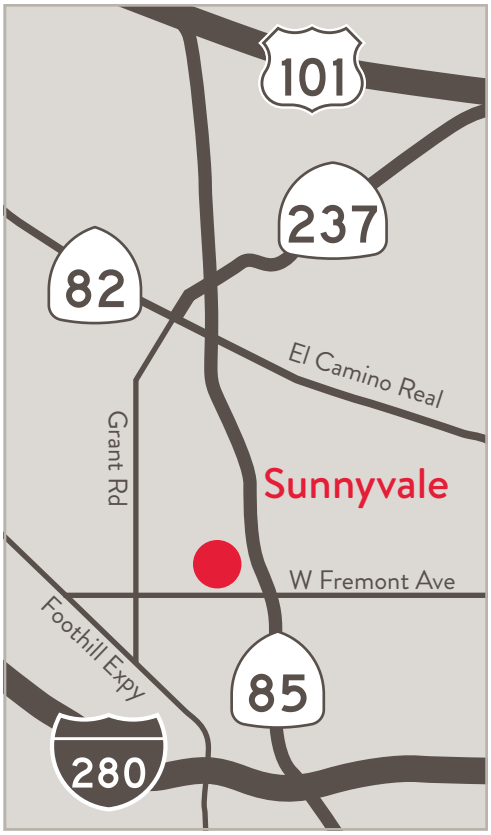
For MRI, CT and Nuclear Medicine
Enter the Main Hospital entrance and proceed to the Treatment Center check-in. Room G22.

Outpatient MRI Center, 732 Welch Rd

The entrance to the patient parking lot is on Vineyard Ln. across from Nordstrom.

Sunnyvale Clinic, 1195 West Fremont Ave

Enter through the main entrance and request directions to Radiology.



Sunnyvale Clinic
1195 West Fremont Ave
Sunnyvale, CA 94087

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