

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

FIRST	MIDDLE	LAST
DOB (required):		
Medical Record Number (if available):		
or Current Lucile Packard Children's Hospital Stanford Label		



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)
 DIAGNOSIS (ICD-10 Required): _____ **Symptoms:** _____

Underlying/Provisional Diagnosis: _____ **Clinical concern:** _____

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

<p>MRI*</p> <p><input type="checkbox"/> Contrast <input type="checkbox"/> W/O Contrast <input type="checkbox"/> With 3D Reconstruction</p> <p><input type="checkbox"/> Brain _____ <input type="checkbox"/> Spine <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar</p> <p><input type="checkbox"/> Brain w/MRA _____ <input type="checkbox"/> Chest</p> <p><input type="checkbox"/> Abdomen _____ <input type="checkbox"/> Chest w/MRA _____</p> <p><input type="checkbox"/> Abdomen & Pelvis _____ <input type="checkbox"/> Cardiac _____</p> <p><input type="checkbox"/> Abdomen & Pelvis w/MRA _____ <input type="checkbox"/> Extremity/Joint _____</p> <p><input type="checkbox"/> Other: _____ <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L</p>	<p>ULTRASOUND</p> <p><input type="checkbox"/> South Bay <input type="checkbox"/> LPCH <input type="checkbox"/> Sunnyvale <input type="checkbox"/> W/Doppler if necessary</p> <p><input type="checkbox"/> Abdomen <input type="checkbox"/> Abdomen Limited Single organ _____</p> <p><input type="checkbox"/> Kidney and Bladder <input type="checkbox"/> Kidney Transplant <input type="checkbox"/> Pelvis <input type="checkbox"/> Testicular <input type="checkbox"/> Testicular With Doppler <input type="checkbox"/> Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Upper: _____ <input type="checkbox"/> Lower: _____ <input type="checkbox"/> Vascular <input type="checkbox"/> Non Vascular <input type="checkbox"/> Other: _____</p>
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NUCLEAR MEDICINE

General NUCs: _____

PET/MR _____

*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.

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

<p>CT*</p> <p><input type="checkbox"/> Contrast <input type="checkbox"/> W/O Contrast <input type="checkbox"/> With 3D Reconstruction</p> <p><input type="checkbox"/> Brain _____ <input type="checkbox"/> Abd & Pelvis _____ <input type="checkbox"/> Abdomen (only) _____ <input type="checkbox"/> Facial Bones _____ <input type="checkbox"/> Spine <input type="checkbox"/> Cervical <input type="checkbox"/> Sinus _____ <input type="checkbox"/> Thoracic <input type="checkbox"/> Chest _____ <input type="checkbox"/> Lumbar <input type="checkbox"/> Cardiac _____</p> <p><input type="checkbox"/> Chest, Abd & Pelvis _____ <input type="checkbox"/> Extremity/Joint _____</p> <p><input type="checkbox"/> Other: _____ <input type="checkbox"/> R <input type="checkbox"/> L</p>	<p>X-RAY/FLUOROSCOPY*</p> <p><input type="checkbox"/> LPCH <input type="checkbox"/> Sunnyvale</p> <p><input type="checkbox"/> Chest PA/AP <input type="checkbox"/> Spine <input type="checkbox"/> Chest 2V <input type="checkbox"/> Cervical <input type="checkbox"/> Extremity/Joint _____ <input type="checkbox"/> Thoracic <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Lumbar <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> VCUG</p> <p><input type="checkbox"/> Abdomen _____ <input type="checkbox"/> UGI <input type="checkbox"/> Pelvis _____ <input type="checkbox"/> UGI with SBFT <input type="checkbox"/> Scoliosis _____ <input type="checkbox"/> Modified Barium Swallow <input type="checkbox"/> Other: _____ <input type="checkbox"/> BE <input type="checkbox"/> Bone Density (Sunnyvale only)</p> <p><input type="checkbox"/> Scoliosis (EOS/Emeryville only)</p>
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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:

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

Out-Patient MRI Center
732 Welch Rd
Stanford, CA 94304

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

Where do I go?

Scheduling out-patient 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

For Ultrasound, Fluoroscopy and Plain Film

Enter the Main Hospital entrance and request directions to 1st floor Radiology.

For MRI, CT and Nuclear Medicine

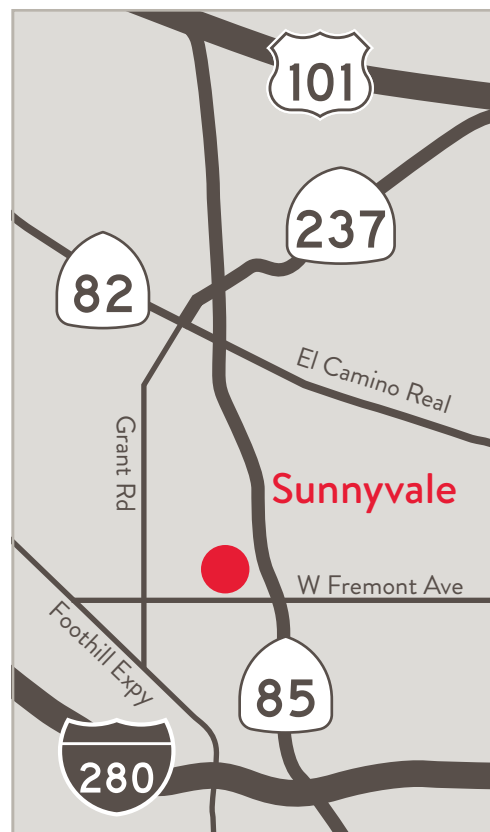
Enter the Main Hospital entrance and proceed to the Treatment Center check-in. Room G22.

Out-Patient MRI Center, 732 Welch Rd

The entrance to the patient parking lot is on Vineyard Ln. across from Nordstrom's department store.

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