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

• 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/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.

## 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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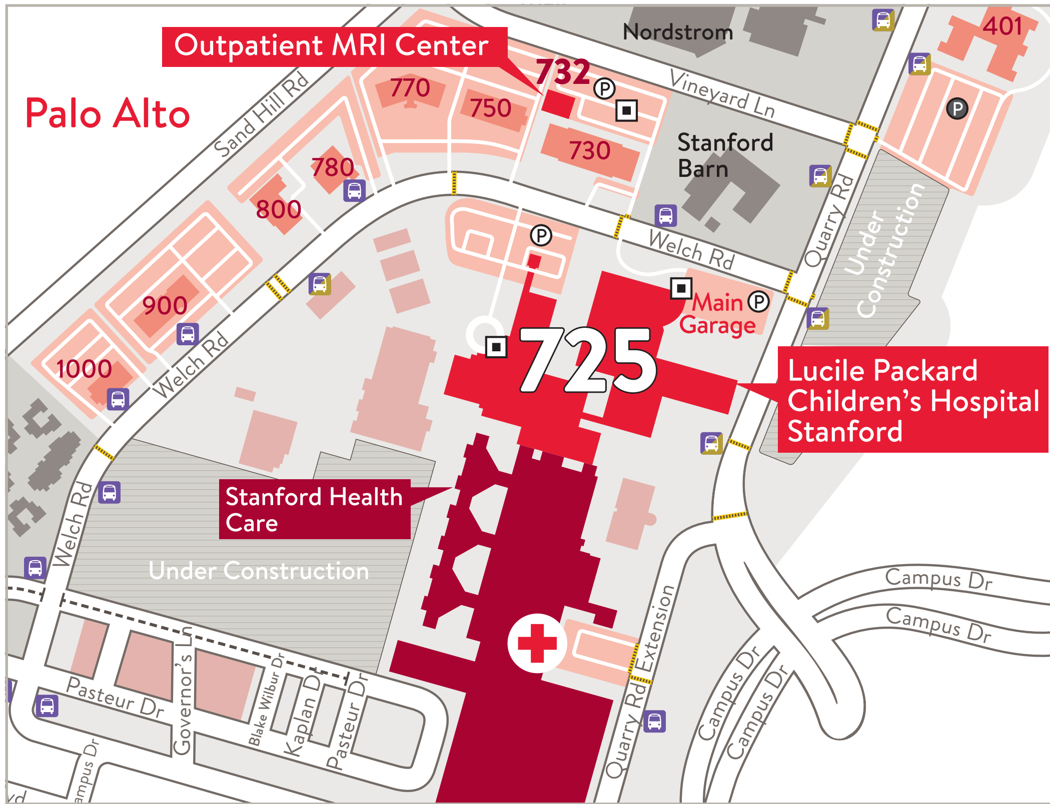
# Patient Information

## 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.

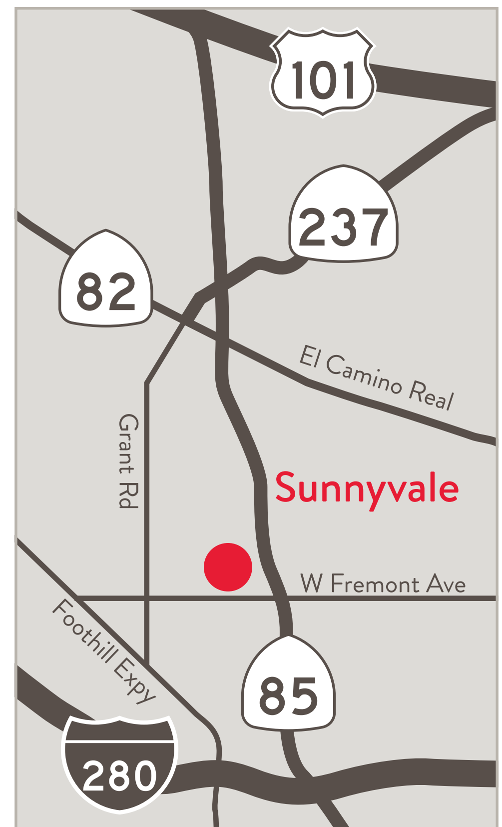
**For MRI, CT and Nuclear Medicine**
Enter the Main Hospital entrance and proceed to the Treatment Center check-in. Room G22.

### 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