## INSURANCE Provider:
(Insurance card (front & back) must be faxed if patient is not a current Lucile Packard Children’s Hospital Stanford Patient)

- [ ] Routine
- [ ] Time sensitive: requirement

Will exam need to be coordinated with other tests/appt?  
- [ ] No  
- [ ] Yes  
  - [ ] if yes, please specify

Special Needs:  
- [ ] Translator
- [ ] Language:  

PARENT/Legal Guardian’s Name:  
- [ ] Phone:  
- [ ] Cell:  

Check one:  
- [ ] Call Family to schedule
- [ ] Call Office to schedule (name/phone):  

(min 3 & max 7 characters)

### MRI*

- [ ] Contrast
- [ ] W/O Contrast
- [ ] With 3D Reconstruction

- [ ] Brain
- [ ] Brain w/MRA
- [ ] Abdomen
- [ ] Abdomen & Pelvis
- [ ] Abdomen & Pelvis w/MRA
- [ ] Other:

- [ ] Spine
- [ ] Cervical
- [ ] Lumbar
- [ ] Thoracic
- [ ] Chest

- [ ] Chest w/MRA
- [ ] Cardiac
- [ ] Extremity/Joint

- [ ] 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
- [ ] Site:
  - [ ] Vascular
  - [ ] Non Vascular

- [ ] VCU:

Other:

### CT*

- [ ] Contrast
- [ ] W/O Contrast
- [ ] With 3D Reconstruction

- [ ] Brain
- [ ] Brain w/MRA
- [ ] Abdomen (only)
- [ ] Spine
- [ ] Cervical
- [ ] Lumbar
- [ ] Thoracic
- [ ] Chest

- [ ] Sinus
- [ ] Cardiac

- [ ] Chest, Abd & Pelvis
- [ ] Extremity/Joint

- [ ] R   [ ] L

### 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

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

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**Report Results:**  
- [ ] Routine
- [ ] Stat
- [ ] Import images for comparison
- [ ] Import and interpret

**UNDERLYING/PROVISIONAL DIAGNOSIS:**

<table>
<thead>
<tr>
<th>Periodic</th>
<th>Symptom</th>
<th>Time</th>
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**DATE TIME Ordering Provider Signature:**

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<th>Name</th>
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<th>Pager Number if applicable</th>
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**DATE TIME Packard Provider Signature:**

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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.