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

- Authorization services
- Saturday/Sunday & evening appointments
- 3T MRI - High Speed CT - Pediatric sub-specialty expertise
- Complimentary valet parking
- Music, movies, exam preparation to optimize patient's visit
- Compassionate staff experienced in pediatric patients

Orders • Radiology Requisition — Scheduling (650) 497-8376 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)

SCAN: ☐ 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): _____

Best time to contact Parent/Legal Guardian: _____ 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**

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
☐ W/Doppler if necessary

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

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*

☐ Chest PA/AP
☐ Chest 2V
☐ Extremity/Joint _____ ☐ R ☐ L _____ ☐ R ☐ L
☐ Abdomen _____
☐ Pelvis
☐ Scoliosis _____
☐ Other:
☐ Cervical Spine _____
☐ Thoracic Spine _____
☐ Lumbar Spine _____
☐ VCUG
☐ UGI
☐ UGI with SBFT
☐ Modified Barium Swallow
☐ BE

☐ Scoliosis (EOS/Emeryville only)

*Does patient have the following:
(Required for MR/CT/Fluoroscopy)

Yes	No	
☐	☐	Allergies
☐	☐	Adverse Sedation Event
☐	☐	Adverse Anesthesia Event
☐	☐	CNS Abnormalities
☐	☐	Apnea/Snoring
☐	☐	Other Airway Issue
☐	☐	Lung Disease/Asthma
☐	☐	Development Delay
☐	☐	History of Renal Disease
☐	☐	History of Cancer
☐	☐	Sickle Cell
☐	☐	Cardiac Disease
☐	☐	Previous CT
☐	☐	Previous MRI
☐	☐	Previous Contrast Reaction

If required, do you authorize an anesthesia consult? ☐ No ☐ Yes
If yes, provide History and Physical with order/request.

If female patient, has she started her period?
☐ No ☐ Yes
Certain imaging exams require a pregnancy test

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

Directions to the Hospital

From US Highway 101 North or South

- Take the Embarcadero Road Exit West.
- Cross El Camino Real (becomes Galvez St).
- Turn right at Arboretum Rd, cross Palm Dr.
- Turn left on Quarry Rd.
- Turn right on Welch Rd.
- Parking will be on your left or right.

From Highway 280

- Take the Sand Hill Road Exit East.
- Turn right on Pasteur Dr.
- Turn left onto Welch Rd.
- Parking will be on your left or right.

Where do I go?

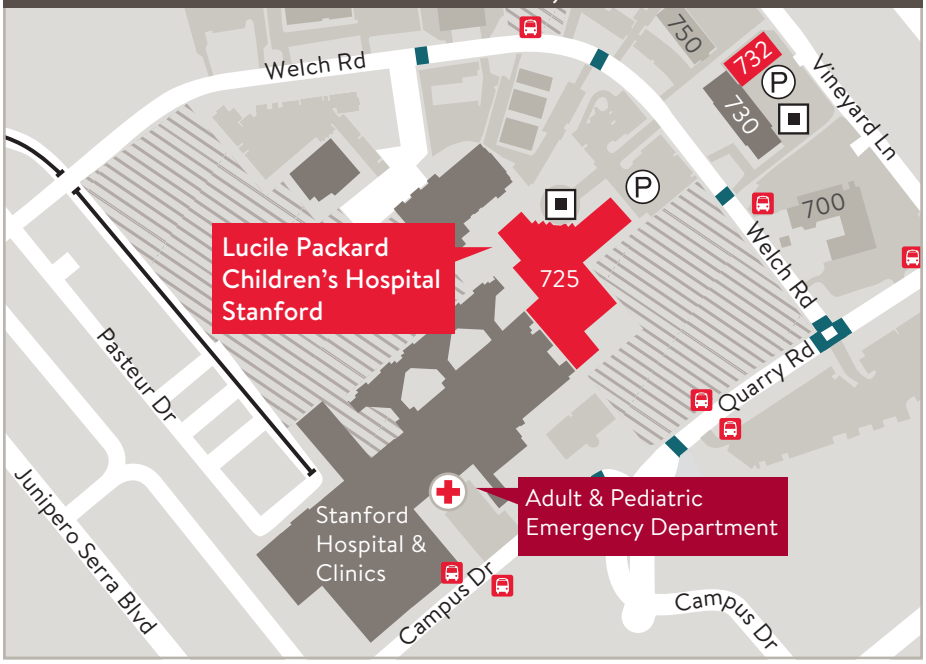
Anesthesia Patients

Please go directly to the Ford Family Center located on the Ground Floor.

All Other Patients

Please go directly to Admitting (immediate right once you enter the hospital) and then proceed to 1ST floor Radiology (next to the train station).

725 Welch Rd • Stanford, CA 94304



Through 2017, road closures/changes to Welch Road and Quarry Road will affect all traffic going to Lucile Packard Children's Hospital Stanford and our Palo Alto outpatient clinics. Please allow for 15 min of extra travel time. Visit stanfordchildrens.org to view revised maps and driving directions for each location.

Exam Preparation and Arrival Instructions

When is our Scan?

The scheduling department will be contacting you to schedule this appointment within 24 hours of submitting this form. The scheduling process for your child's exam requires several important prescreening steps.

Where do I park?

From Welch Road, turn into the Hospital Entrance. Complimentary Valet Parking is available from 6am–6pm (Monday–Friday) as well as Complimentary Self-Parking.

What time should we arrive for our Scan?

We customize the pre-scan preparation process for every child! We will provide you with an **Arrival Time** on your appointment date. Please plan accordingly, failure to arrive at your assigned time may result in long delays or your examination being rescheduled to another day.

Where do we go for an MR or CT exam?

- Are you an **Anesthesia** patient?—Proceed directly the the Ford Family Center (on the ground floor).
- All **Non-Anesthesia** patients can proceed directly to **Admitting** (immediate right once you enter the hospital), you then will be directed to 1ST floor Radiology (next to the train station).
- If your child is not a current hospital patient, please bring a list of **all medications** your child takes, and all previous procedures (surgeries, implants, etc.).

Where do we go for our Ultrasound, X-Ray, Fluoroscopy exam or EOS in Emeryville?

- Proceed directly to **Admitting** (immediate right once you enter the hospital), you then will be directed to 1ST floor Radiology (next to the train station).
- We offer scoliosis and leg length imaging at our Stanford Children's Specialty clinic in Emeryville using the EOS imaging system. 6121 Hollis Avenue Emeryville, CA.

Anesthesia Patients Special instructions

The parent/legal guardian will be contacted by a Nurse 1–2 days prior to your scan to obtain further patient history and review specific patient preparation anesthesia instructions. If for some reason this has not occurred, please call Scheduling at (650) 497-8376, 1–2 days before your 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

Female patients who have started having menstrual periods may be required to complete a pregnancy test.

Printed post-consumer recycled materials. Please recycle.

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