



Lucile Packard Children's Hospital at Stanford

725 Welch Road • Palo Alto, CA 94304

www.radiology.lpch.org



Patient Name (required): \_\_\_\_\_

DOB (required): \_\_\_\_\_

Medical Record Number (if available): \_\_\_\_\_

or Current LPCH Label

- Authorization Services
- Saturday/Sunday & Evening Appointments
- 3T MRI - High Speed CT - Pediatric Sub-Specialty Expertise

- Complimentary Valet Parking
- Music, Movies and 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 LPCH 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): \_\_\_\_\_

DIAGNOSIS (ICD-9 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 \_\_\_\_\_
- Abd & Pelvis w/MRA \_\_\_\_\_
- Other: \_\_\_\_\_
- Spine
  - Cervical  Thoracic
  - Lumbar
- Chest \_\_\_\_\_
- Chest w/MRA \_\_\_\_\_
- Cardiac \_\_\_\_\_
- Extremity/Joint \_\_\_\_\_
- R  L
- R  L

ULTRASOUND  
 W/Doppler if necessary

- Abdomen
- Abdomen Limited  
Single organ: \_\_\_\_\_
- Kidney and Bladder
- Kidney Transplant
- Testicular
- Testicular With Doppler
- Extremity  R  L
- Upper: \_\_\_\_\_
- Lower: \_\_\_\_\_
- Vascular
- Non Vascular
- Other: \_\_\_\_\_

\*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

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 \_\_\_\_\_
- 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

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 HOSPITAL**

**From US Highway 101 North or South**

Take the Embarcadero Rd. exit West. Cross El Camino Real (becomes Galvez St). Turn right at Arboretum Rd, cross Palm Drive. Turn left on Quarry Rd. Turn right on Welch Rd.

**From Highway 280**

Take the Sand Hill Road exit East. Turn right on Pasteur Drive. Turn left onto Welch Road.



**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)

**PATIENT MUST PROVIDE 2 FORMS OF I.D. (Name/Date of Birth) PRIOR TO EXAM AT REGISTRATION and PARENT/ GUARDIAN MUST PROVIDE PICTURE ID**

*Pregnancy Policy: Please note, female patients who have started having menstrual periods may be required to complete a pregnancy test*

**Exam Preparation and Arrival Instructions**

**WHEN** is our Scan?

The scheduling department will be contacting you to schedule this appointment. The scheduling process for your child's exam requires several important pre-screening steps. You will be contacted within 24 hours.

**WHERE** do I **PARK?**

From Welch Road, turn into the Hospital Entrance. Complimentary Valet Parking is available from 6am-6pm (Mon-Fri) 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 our **MR** or **CT** exam?

-Are you an ANESTHESIA patient? Proceed directly to the Ford Family Center (on the ground floor). -All NON anesthesia patients can proceed directly to ADMITTING (immediate right once you enter the hospital) and then you will be directed to 1st floor Radiology (next to the train station) -If your child is not a current LPCH 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, or FLUOROSCOPY** exam?

-Proceed directly to ADMITTING (immediate right once you enter the hospital) and then you will be directed to the 1st floor Radiology (next to the train station)

**ANESTHESIA** Patients - special instructions

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