UCSF Benioff Children's Hospital Oakland

DIAGNOSTIC IMAGING ORDER FORM

Please type into this form for expedited service

☐ OAKLAND	☐ WALNUT CREEK	
747 52nd St., #210, Oakland, CA 94609 **Hours:** Mon-Fri 7am–8pm; Sat/Sun 7am–3pm **Phone:** (510) 428-3410 **Non-Urgent Fax:** (510) 985-2202 **Urgent Fax:** (510) 450-5837	**2401 Shadelands Dr, 180B, Walnut Creek, CA 94598** **Hours:** Mon-Sat 8am-4pm (most modalities) **Phone:** (925) 979-3410 **Non-Urgent FAX:** (510) 985-2202 **Urgent Fax:** (925) 979-3404	The Interpreting Radiologist will determine the parameters of the diagnostic X-ray based on the patient's symptoms and department protocols and will change the order as necessary. **Check this box if you would like to be notified prior to a change.** ☐

SECTION A: THE INFORMATION BELOW IS REQUIRED

Patient's First Name_____Last Name_____

DOB_____/_____/_____ Phone Contact # (_____)_____

Mail Address_____

Parent/Guarantor First Name_____

Parent/Guarantor Last Name_____ DOB_____/_____/_____

Insurance_____Auth #_____

Group #_____Member ID #_____

PREFERRED DAY/TIME:_____

PATIENT HISTORY Include signs, symptoms, and/or known diagnoses, **NO R/O**

Referring MD_____

MD Signature_____Date_____/_____/_____

MD Phone(_____)_____Pager(_____)_____

MD Fax(_____)_____

SPECIAL INSTRUCTIONS_____

ICD-10 CODE # and Description:

URGENT / STAT REQUEST ☐ No ☐ Yes

IF NEW PATIENT, PLEASE SEND DEMOGRAPHICS OR FACE SHEET

SECTION B: PLEASE SELECT FROM THE FOLLOWING OPTIONS

☐ GENERAL DIAGNOSTIC X-RAY PLAIN FILM

- Finger ☐ Lt ☐ Rt
- Hand ☐ Lt ☐ Rt
- Wrist ☐ Lt ☐ Rt
- Forearm ☐ Lt ☐ Rt
- Elbow ☐ Lt ☐ Rt
- Humerus ☐ Lt ☐ Rt
- Shoulder ☐ Lt ☐ Rt
- Clavicle ☐ Lt ☐ Rt
- ☐ Bone Age (PA Left Hand/Wrist)

- Toes ☐ Lt ☐ Rt
- Foot ☐ Lt ☐ Rt
- Heel Calcaneus ☐ Lt ☐ Rt
- Ankle ☐ Lt ☐ Rt
- Tib/Fib ☐ Lt ☐ Rt
- Knee ☐ Lt ☐ Rt
- Femur ☐ Lt ☐ Rt
- Pelvis ☐ AP ☐ Lat
- Pelvis (CP surveillance) ☐ AP ☐ Lat
- Hip ☐ Lt ☐ Rt
- Leg Length ☐ Lt ☐ Rt

- ☐ Abd 1 view
- ☐ Abd w/decub
- ☐ Chest 1 view
- ☐ Chest 2 view
- ☐ Chest w/decub
- ☐ Ribs
- ☐ Rickets Survey
- ☐ Skeletal Survey (dysplasia)
- ☐ Skeletal Survey (NAT)

- ☐ C Spine AP/LAT
- ☐ C Spine Lat Only
- ☐ C Spine 3 view
- ☐ C Spine w/Flex-Ext
- ☐ Scoliosis PA Only
- ☐ Scoliosis PA/Lat
- ☐ Neck Soft Tissue AP/Lat
- ☐ Neck Soft Tissue Lateral Only
- ☐ L Spine AP/Lat
- ☐ L Spine Complete w/obliques
- ☐ T Spine AP/Lat

- ☐ Skull 2 views
- ☐ Skull 3 views
- ☐ Facial Bones
- ☐ Nasal Bones
- ☐ Sinus Series
- ☐ Mandible
- ☐ Special View

Special View Detail:

☐ MRI

- General Anesthesia ☐ N ☐ Y
- IV Contrast ☐ w/o ☐ w
- MRA ☐
- MRV ☐
- ☐ Brain
- ☐ Brain Limited (Quick Scan)
- ☐ C-Spine
- ☐ T-Spine
- ☐ L-Spine
- ☐ Total Spine
- ☐ Chest
- ☐ Abdomen
- ☐ Abdomen MRCP
- ☐ Abdomen MR Elastography
- ☐ Pelvis
- ☐ Wrist ☐ Lt ☐ Rt
- ☐ Elbow ☐ Lt ☐ Rt
- ☐ Shoulder ☐ Lt ☐ Rt
- ☐ Knee ☐ Lt ☐ Rt
- ☐ Ankle ☐ Lt ☐ Rt
- ☐ Upper Extremity ☐ Lt ☐ Rt
- ☐ Lower Extremity ☐ Lt ☐ Rt

☐ ULTRASOUND

- Doppler ☐
- ☐ Abdomen Complete
- ☐ Abdomen Limited
  - ☐ w/contrast (liver lesion)
- ☐ Chest
- ☐ Hips Limited (effusion)
- ☐ Neck
- ☐ Infant Brain
- ☐ Infant Hips
  - ☐ With Stress
- ☐ Infant Spine
- ☐ Renal (includes bladder)
- ☐ Scrotum
- ☐ Pelvic
- ☐ Thyroid
- ☐ Voiding Urosonography
- ☐ Venous Doppler

Specify Extremity:

- ☐ General Soft Tissue

Specify Body Part:

☐ FLUOROSCOPY

OAKLAND ONLY

- ☐ UGI
- ☐ UGI w/SBFT
- ☐ Esophagram
- ☐ Contrast Enema
- ☐ VCUG
- ☐ Central Line Study
- ☐ Fluoro Nonspecific
- ☐ SBFT

☐ NUCLEAR MEDICINE

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- General anesthesia ☐ N ☐ Y
- ☐ DMSA
- ☐ Gallium Scan
- ☐ Gastric Emptying
- ☐ GFR
- ☐ GI Bleed / tagged RBC
- ☐ HIDA Scan
- ☐ Mag 3
- ☐ Lung Perfusion Scan
- ☐ Liver/Spleen Scan
- ☐ Meckel's Scan
- ☐ RNC
- ☐ Bone Scan Whole Body
- ☐ Bone Scan Limited
- ☐ MIBG

☐ CT

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- General anesthesia ☐ N ☐ Y
- IV Contrast ☐ w/o ☐ w
- 3D ☐
- CTA ☐
- ☐ Head
- ☐ Maxillofacial
- ☐ Sinus
- ☐ Orbits
- ☐ Temporal Bones/IAC's
- ☐ Neck
- ☐ Chest
- ☐ Enterography
- ☐ Abdomen
- ☐ Pelvis
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Scanogram
- ☐ Upper Extremity ☐ Lt ☐ Rt
- ☐ Lower Extremity ☐ Lt ☐ Rt

OTHER PROCEDURES NOT LISTED ABOVE

DIAGNOSTIC IMAGING POLICY: MUST HAVE COMPLETE ORDER AND DEMOGRAPHICS/REQUEST FORM TO SCHEDULE DIAGNOSTIC IMAGING EXAMS. **NO AUTH = NO TEST & NO ICD-10 CODE = NO TEST**