UCSF Benioff Children's Hospital Oakland

DIAGNOSTIC IMAGING REFERRAL FORM

www.childrenshospitaloakland.org

☐ **OAKLAND**
747 52nd St., #210, Oakland, CA 94609
Hours: Mon-Fri 8 am–8pm; Sat/Sun 8am–1pm
Phone: (510) 428-3410 **Fax:** (510) 985-2202
For urgent appointments please fax to (510) 450-5837

☐ **WALNUT CREEK**
2401 Shadelands Dr., Walnut Creek, CA 94598
Hours: Mon-Fri 8 am–4pm (most modalities)
Phone: (925) 979-3400 **Fax:** (510) 985-2202
For urgent appointments please fax to (925) 979-3404

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**

Patient's First Name_____

Patient's Last Name_____

DOB ____/____/____ Patient Contact # ( ) _____

PATIENT HISTORY/DIAGNOSIS Please include signs, symptoms, and/or known diagnoses (no R/O) _____

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.** ☐

Referring MD_____

MD Signature _____

Date _____

Ins _____

Auth #_____

SPECIAL INSTRUCTIONS_____

STAT phone report ☐ No ☐ Yes

MD Phone/Pager _____

GENERAL DIAGNOSTIC X-RAY PLAN FILM

Finger ☐ Lt ☐ Rt	Toes ☐ Lt ☐ Rt	☐ Chest 1 view	☐ C Spine AP/LAT	☐ Skull 2 views
Hand ☐ Lt ☐ Rt	Foot ☐ Lt ☐ Rt	☐ Chest 2 view	☐ C Spine Lat Only	☐ Skull 3 views
Wrist ☐ Lt ☐ Rt	Heel ☐ Lt ☐ Rt	☐ Chest w/decub	☐ C Spine 3 view	☐ Facial Bones
Forearm ☐ Lt ☐ Rt	Ankle ☐ Lt ☐ Rt	☐ Ribs	☐ C Spine w/Flex-Ext	☐ Nasal Bones
Elbow ☐ Lt ☐ Rt	Tib/Fib ☐ Lt ☐ Rt	☐ Abd 1 view	☐ Scoliosis PA Only	☐ Sinus Series
Humerus ☐ Lt ☐ Rt	Knee ☐ Lt ☐ Rt	☐ Abd w/decub	☐ Scoliosis PA/Lat	☐ Mandible
Shoulder ☐ Lt ☐ Rt	Femur ☐ Lt ☐ Rt	☐ Skeletal Survey (19 views)	☐ Neck Soft Tissue AP/Lat	☐ Special View
Clavicle ☐ Lt ☐ Rt	Pelvis ☐ AP ☐ Lat		☐ Neck Soft Tissue Lateral Only	
☐ Bone Age (PA Left Hand/Wrist)			☐ L Spine AP/Lat	
			☐ L Spine Complete w/obliques	
			☐ T Spine AP/Lat	

OTHER X-RAY NOT LISTED ABOVE:

MRI

General anesthesia ☐ N ☐ Y
Contrast Agent ☐ w/o ☐ w
MRA ☐
MRV ☐

☐ Brain
☐ Brain Ltd (Quick Scan)
☐ C-Spine
☐ T-Spine
☐ L-Spine
☐ Chest
☐ Abdomen
☐ Pelvis
☐ Upper Extremity ☐ Lt ☐ Rt
☐ Lower Extremity ☐ Lt ☐ Rt
☐ Full Body Ltd

ULTRASOUND

Doppler ☐

☐ Abdomen
☐ Abdomen Limited
☐ Chest
☐ Head
☐ Hips Complete
☐ Hips Ltd
☐ Neck
☐ Orbits
☐ Pelvic
☐ Renal (includes bladder)
☐ Scrotum
☐ Spine
☐ Thyroid
☐ Extremity ☐ Lt ☐ Rt

FLUOROSCOPY

☐ UGI
☐ UGI w/SBFT
☐ Esophagram
☐ Contrast Enema
☐ VCUG
☐ Broviac Study
☐ Fistula Study

NUCLEAR MEDICINE

OAKLAND ONLY

General anesthesia ☐ N ☐ Y

☐ DMSA
☐ Gallium Scan
☐ Gastric Emptying
☐ GFR
☐ GI Bleed
☐ HIDA Scan
☐ Mag 3
☐ Lung Perfusion Scan
☐ Liver/Spleen Scan
☐ Meckel's Scan
☐ RNC
☐ Whole Body Scan
☐ Limited Body Scan

CT

OAKLAND ONLY

General anesthesia ☐ N ☐ Y
Contrast Agent ☐ w/o ☐ w
3D ☐
CTA ☐

☐ Head
☐ Maxofacial
☐ Sinus
☐ Orbits
☐ Temporal Bones/IAC's
☐ Neck Soft Tissue
☐ Chest
☐ Abdomen
☐ Pelvis
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Scanogram
☐ Upper Extremity ☐ Lt ☐ Rt
☐ Lower Extremity ☐ Lt ☐ Rt

OTHER PROCEDURES NOT LISTED ABOVE:

7630-034 (6/17)