UCSF Medical Center

Radiology Central Scheduling
(415) 353-2573
Fax (415) 353-7140
Radiology Billing (415) 514-8888
For additional information, please visit
www.radiology.ucsf.edu

Patient Appointment
Date: _____
Time: _____
Location: _____
STAT REQUEST: ☐ Yes ☐ No

Creatinine: _____ **Date:** _____
Pregnancy: ☐ YES ☐ NO
Prior Contrast Reaction: ☐ YES ☐ NO
Impaired Renal Function: ☐ YES ☐ NO

UCSF RADIOLOGY EXAM FORM

Patient Information: (UCSF Sticker Here)

Patient Name: _____ Date of Birth: ___ / ___ / _____ MRN: _____

Home Phone: _____ Cell Phone: _____

Referring Physician Information:

Physician Name: *Office Contact Person:*

Phone: *Pager:* *Fax:*

Diagnosis/Clinical Indications:

UC Attending Physician ID:

MD Signature Required:

Exam Requested: Please check box carefully for requested study and complete required sections below.

☐ MRI

Contrast ☐ Yes ☐ No
Anesthesia Needed
☐ Yes ☐ No
☐ Adult
☐ Pediatric

MR Neuroradiology & ENT
☐ Brain
☐ BrainLab
☐ w/fiducials
☐ w/o fiducials
☐ Nasopharynx (w/ Neck)
☐ Stereotactic Brain
☐ Stealth Brain
☐ Internal Auditory Canal
☐ Pituitary
☐ TMJ
☐ Orbits
☐ Sinus

MR Spine
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Total Spine
☐ Neurogram

MR Vascular
☐ Intracranial MRA
☐ Cervical Carotids/ Neck MRA

MR Body
☐ Pelvis
☐ Abdomen
☐ Pancreas
☐ Liver
☐ Pelvis
☐ Breast
☐ Right ☐ Left
☐ Mass ☐ Leak
☐ TMJ
☐ Prostate
☐ Fetal
☐ single
☐ multiple

MR Chest/Cardiac
☐ Chest
☐ Thyroid
☐ Parathyroid
☐ Cardiac MRI

☐ MRI

Exams continued . . .

MR Body MRA
☐ MRA Abdomen
☐ MRA Thoracic
☐ Renal MRA
☐ Lower Extremity w/Runoff
☐ Other:_____

MR Musculoskeletal
☐ Right ☐ Left
☐ Shoulder
☐ Elbow
☐ Wrist
☐ Hand
☐ Finger
☐ Hip
☐ Knee
☐ Ankle
☐ Foot

MR Arthrograms
☐ Right ☐ Left
☐ Shoulder
☐ Elbow
☐ Wrist
☐ Hand
☐ Finger
☐ Hip
☐ Knee
☐ Ankle
☐ Foot
☐ Other: _____

☐ CT

Contrast ☐ Yes ☐ No

CT Neuroradiology & ENT
☐ Brain
☐ Orbits
☐ Temporal Bone
☐ Neck
☐ Maxillofacial
☐ Sinus
☐ CT Angiogram
☐ SAH
☐ Stroke

CT Spine
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine

CT Body
☐ Chest
☐ Abdomen
☐ Pelvis
☐ CTA Aorta
☐ Virtual Colonoscopy
☐ Renal Donor
☐ Liver Donor

CT Cardiac
☐ CTA
☐ Coronary Calcium Score

CT Miscellaneous
☐ Bilateral lower extremity runoff

CT Interventional Spine
☐ Nerve Block
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Levels _____
☐ Location _____
☐ Facet Block
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Levels_____
☐ Radiofrequency Ablation
☐ SI Joints Blocks
☐ Fiducial Screw Placement
☐ Discogram
☐ Myelogram
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Total Spine
☐ Other: _____

☐ X-Ray

X-Ray Thorax
☐ Chest 2 Views
☐ Ribs
☐ Sternum
☐ Clavicle
☐ Sterno-clavicular Joints
☐ AC Joints
☐ Abdomen

X-Ray Spine
☐ Cervical Spine
☐ Thoracic Spine
☐ Thoracolumbar Spine
☐ Lumbar Spine
☐ Sacrum / Coccyx
☐ Scoliosis Series
☐ Pelvis

X-Ray Lower Extremity
☐ Right ☐ Left ☐ Bilat
☐ Hip
☐ Femur
☐ Knee
☐ Tibia/Fibula
☐ Ankle
☐ Foot
☐ Heel
☐ Toe
☐ Hip-to-Ankle

X-Ray Upper Extremity
☐ Right ☐ Left ☐ Bilat
☐ Shoulder
☐ Humerus
☐ Elbow
☐ Forearm
☐ Wrist
☐ Hand
☐ Finger

X-Ray Head
☐ Skull
☐ Facial Bones
☐ Nasal Bones
☐ Orbits
☐ Mandible

X-Ray Misc. Exams
☐ Bone Survey
☐ Myeloma
☐ Metabolic
☐ Pediatric
☐ Bone Age
☐ Shunt Series
☐ Other:_____

☐ Ultrasound

US Abdomen
☐ Abdomen complete
☐ Abdomen w/Doppler
☐ Pre-Liver Transplant
☐ Post-Liver Transplant
☐ Renal/Bladder only
☐ Kidney Transplant

US OB/GYN
☐ Pelvis (Uterus & Ovaries)
☐ Pelvis w/transvaginal imaging
☐ First Trimester OB
☐ singleton
☐ twin
☐ Second/Third trimester OB
☐ singleton
☐ twin
☐ Fetal Survey
☐ singleton
☐ twin

US Superficial Structures
☐ Thyroid/Parathyroid
☐ Scrotum

US Vascular
☐ Venous (DVT): Upper Extremity
☐ Right
☐ Left
☐ Bilateral
☐ Venous (DVT): Lower Extremity
☐ Right
☐ Left
☐ Bilateral
☐ Carotid

US Biopsy
☐ Neck
☐ Extremities
☐ Abdomen
☐ Pelvis

US Miscellaneous
☐ Neurosonogram
☐ Spine
☐ Hips w/ stress, bilateral
☐ Soft tissue-give location: _____
☐ Other _____

☐ Fluoroscopy

☐ Esophogram
☐ Upper GI
☐ Barium Enema
☐ Arthrogram
☐ Site: _____
☐ Side _____
☐ Other: _____

108-0005 (Rev. 11/09) WorkflowOne MEDICAL RECORD COPY

UCSF RADIOLOGY EXAM FORM

UCSF Radiology Locations

Radiology Central Scheduling: Phone: 415-353-2573

Fax: 415-353-7140

☐ UCSF Imaging Center at China Basin

185 Berry Street, Suite 190, Lobby 6
San Francisco CA 94107
Services provided: CT, MRI, Nuclear Medicine, PET/CT
Precision Spine Center
Phone: (415) 353-4500

☐ UCSF Medical Center-Parnassus

☐ **Parnassus Campus – Moffitt Hospital – M-327**
Services provided: X-Ray, Fluoroscopy, MRI, Ultrasound, PET, Nuclear Medicine, Interventional Radiology, Neuro Interventional Radiology, CT
505 Parnassus Avenue
3rd Floor Reception Desk
San Francisco, CA 94134
Phone: (415) 353-1968
Fax : (415) 353-8741

☐ **Ambulatory Care Center - Outpatient – A-365**
Services provided: X-Ray, Mammography, and Bone Densitometry.
400 Parnassus Avenue, 3rd Floor
San Francisco, CA 94143
Phone: (415) 353-2666
Fax: (415) 353-2587

☐ **Ambulatory Care Center - Plaza Level – A-099**
Services provided: Ultrasound
400 Parnassus Avenue, Plaza Level
Phone: (415) 353-2572
Fax: (415) 353-2331

☐ **UC Imaging Center (UCIC) – A-C05**
Directions: Take the main elevators between 400 Parnassus Avenue (ACC) and 500 Parnassus Avenue (Millberry Union) down to C level, or by entering the building on Irving Street, directly in front of the N Judah streetcar stop.
Services provided: MRI and CT
Irving Street - C Level of parking garage,
Phone: (415) 353-2506
Fax: (415) 353-2483

☐ UCSF Medical Center at Mount Zion

☐ **UCSF Medical Center at Mount Zion – A-142**
Services provided: MRI, Ultrasound, and CT
1600 Divisadero Street
San Francisco, CA 94115
Phone: (415) 885-7282
Fax: (415) 885-7750

☐ **UCSF Medical Center at Mount Zion – A-219**
Services provided: X-Ray, Nuclear Medicine, and Interventional Radiology.
1600 Divisadero Street
San Francisco, CA 94115
Phone: (415) 885-3822
Fax: (415) 885-3842

☐ **Breast Imaging at the Helen Diller Cancer Center – H-2906**
Services provided: Mammography, Breast Ultrasound, and Breast Interventional Procedures.
1600 Divisadero Street
San Francisco, CA 94115
Phone: (415) 353-9800
Fax: (415) 353-9910

☐ **Women's Health Building – J-146**
Services provided: Screening Mammography
2356 Sutter Street, 1st Floor
San Francisco, CA 94115
Phone: (415) 353-7698
Fax: (415) 353-7214

☐ **Women's Health Building – J-226**
Services provided: Ultrasound
2356 Sutter Street, 2nd Floor
San Francisco, CA 94115
Phone: (415) 353-9913
Fax: (415) 353-9921

☐ **UCSF Medical Office Building (MOB 1)**
Services provided: MRI, CT
2330 Post Street, Suite 100
San Francisco, CA 94115
Phone: (415) 885-3771
Fax: (415) 353-9741

☐ **UCSF Medical Office Building (MOB 2)**
Services provided: X-Ray
1701 Divisadero, 2nd Floor, Suite 220
San Francisco, CA 94115
Phone: (415) 885-7466

For driving directions, please see our website at www.radiology.ucsf.edu/patients/locations