JOHN MUIR HEALTH | UCSF Health

Berkeley Outpatient Center Imaging
3100 San Pablo Ave, 3rd Floor, Berkeley CA 94702
Scheduling: 510.985.5030 • Fax: 415.353.7299

Creatinine: _____ Date: _____
Pregnancy: ☐Yes ☐No
Prior Contrast Reaction: ☐Yes ☐No
Impaired Renal Function: ☐Yes ☐No

PATIENT APPOINTMENT
Date: _____
Time: _____
Location: _____
STAT REQUEST: ☐Yes ☐No

BERKELEY OUTPATIENT CENTER IMAGING ORDER FORM

Patient Information:

Patient Name: _____ Date of Birth: ____/____/____ UCSF MRN (if available): _____
Home Phone: _____ Cell Phone: _____

Referring Physician Information:

Physician Name: _____ Office Contact Person: _____
Phone: _____ Cell Phone: _____ Fax: _____
Diagnosis/Clinical Indications: _____
MD Signature Required: _____

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

☐MRI

Contrast ☐Yes ☐No

MR Neuroradiology & ENT
- ☐ Brain
- ☐ Brain Lab
  - ☐ 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
- ☐ Full Body
- ☐ Abdomen
- ☐ Pancreas
- ☐ Liver
- ☐ Pelvis
- ☐ Breast
  - ☐ Right ☐ Left
  - ☐ Mass ☐ Leak
- ☐ TMJ
- ☐ Prostate

Chest/Cardiac
- ☐ Chest
  - ☐ Thyroid
  - ☐ Parathyroid
- ☐ Cardiac MRI

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

☐CT

Contrast ☐Yes ☐No

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

CT Spine
- ☐ Cervical Spine
- ☐ Thoracis Spine
- ☐ Lumbar Spine

CT Body
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ CTA Abd/Pel
- ☐ Renal Donor
- ☐ Liver Donor

CT Miscellaneous
- ☐ Bilateral lower extremity runoff

☐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: _____

☐DEXA

☐**DEXA Bone Density Scan**

☐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

US Superficial Structures
- ☐ Thyroid/Parathyroid
- ☐ Scrotum

US Vascular
- ☐ Venous (DVT): Upper Extremity
  ☐ **Right** ☐**Left** ☐**Bilat**

US Miscellaneous
- ☐ Soft tissue-give location:_____
- ☐ Other:

☐PET/CT

Please specify one:
- ☐ Initial Treatment Strategy ☐ Subsequent Treatment Strategy
- ☐ **PETCT FDG VERTEX TO MID THIGH (NON-DIAGNOSTIC CT)** - If no additional CT is required.
- ☐ **PETCT FDG VERTEX TO TOES (NON-DIAGNOSTIC CT)** - If no additional CT is required.
- ☐ **PETCT Vertex to Mid-Thigh** – If additional Diagnostic CTs are needed:
  ☐ Neck ☐ Chest ☐ Abd/Pelvis ☐ Lower Extremities ☐ Upper Extremities | ☐ **With Contrast** ☐ **Without Contrast**
- ☐ **PETCT Vertex to Toes** – If additional Diagnostic CTs are needed:
  ☐ Neck ☐ Chest ☐ Abd/Pelvis ☐ Lower Extremities ☐ Upper Extremities | ☐ **With Contrast** ☐ **Without Contrast**
  (CT without IV contrast because of medical contraindication to IV contrast)

Please note: *If your patient requires anesthesia, please call 415.353.7900 to schedule at the UCSF Mission Bay or Parnassus locations.*