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: ____

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

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