RADIOLOGY CONTACT INFORMATION
Central Scheduling (Diagnostic Studies): (310) 301-6800
Scheduling Fax: (310) 794-9035
Billing: (310) 825-8021 | Authorizations: (310) 301-8899
Radiology Image Library: (310) 825-6425

RADIOLOGY REQUISITION

Patient Name | Date
-------------|------
DOB | MRN

Print Label if Available

Ordering MD: ____________________________

Clinical history and questions for the radiologist:

__________________________________________
__________________________________________
__________________________________________
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Request (check one): □ Stat □ Routine

Appt. Date: ___________ Appt. Time: ___________

Ultrasound
□ US Abdomen Complete
□ US Kidney
□ US Pelvis Transabdominal w/ Transvaginal
□ US Thyroid/Parathyroid
□ US Doppler Leg(s) Veins – □ Bilat □ Right □ Left
Other: ____________________________

MRI
□ MRI Brain w/ and w/o contrast
□ MRI C-Spine w/o contrast
□ MRI L-Spine w/o contrast
□ MRI Abdomen w/ and w/o contrast
□ MRI Knee w/o contrast □ Bilateral □ Right □ Left
□ MRI Prostate w/ and w/o contrast
Other: ____________________________

PET/CT
□ PET CT Whole Body w/ contrast – Dx: __________
□ PET CT Whole Body w/o contrast – Dx: __________
□ PET CT Abdomen and Pelvis w/ contrast
□ PET CT Chest w/ contrast
□ PET CT Body – Skull to Thigh w/ contrast
Other: ____________________________

Breast Imaging
Screening 3D Mammography □ Bilateral □ Right □ Left
Screening Mammogram □ Bilateral □ Right □ Left
Diagnostic Mammogram □ Bilateral □ Right □ Left
Screening Breast US □ Bilateral □ Right □ Left
Diagnostic Breast US □ Bilateral □ Right □ Left
□ MRI Breast – Bilateral w/ and w/o contrast
Other: ____________________________

CT
□ CT Brain w/o contrast
□ CT Abdomen and Pelvis w/ and w/o contrast
□ CT Chest w/ contrast
□ CT Chest w/o contrast
□ CT Pulmonary Angiography (PE) w/ contrast
Other: ____________________________

Interventions & Procedures

Dx: ____________________________

□ Intervventional Radiology Consults

Preferred Clinician: ____________________________

□ Porta-Cath, PICC, Hickman
□ Biopsy
□ EVTA, Phlebectomy, Sclerotherapy
□ Pharmacomechanical Thrombectomy
□ Other: ____________________________

Interventional Radiology
IR Scheduling: (310) 825-5565

Neuro/ Spine/ Pain Management

□ Lumbar □ Thoracic □ Cervical
□ Interlaminar Epidural □ Transforaminal Epidural
□ Facet Block □ Nerve Block
□ Sacroiliac Joint □ Spine Biopsy
□ Other: ____________________________

Sports Injury Procedures

□ Bilateral □ Right □ Left

MR Arthrogram: □ Wrist □ Shoulder □ Knee
Joint Injection: □ Hip □ Shoulder □ Other __________
□ US guided joint injection/aspiration
□ Fluoroscopy guided joint injection/aspiration
□ Guided paracentesis
□ Other: ____________________________

radiology.ucla.edu
Rev.11/17
The Department of Radiology includes many convenient locations and unique subspecialty services to improve the lives of patients every day. Our goal is to provide patient centered care, superior diagnostic access and optimal treatment expertise.

- Radiology Central Scheduling: (310) 301-6800
- Radiology Scheduling Fax: (310) 794-9035
- Interventional Radiology Clinics: (310) 481-7545
- Authorization Customer Service: (310) 301-8899
- Request Self-Pay/Cash Rates: (310) 301-8806
  - Cash Rates available online: uclahealth.org/cash-pricing
- Request Copies of Imaging Studies (Images): (310) 825-6425
- Sign up for Full Written Radiology Reports: my.uclahealth.org

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UCLA Radiology supports walk-in X-Ray services in various UCLA Health clinics. See the full list at radiology.ucla.edu