### Radiology Order (Outpatient)

#### Patient Information
- **Name:** [Patient Name]
- **DOB:** [DOB]
- **Date:** [Date]
- **MRN:** [MRN]

#### Ordering Provider
- **Name:** [Ordering Provider]
- **Signature:** [Signature]

#### Phone (if STAT)
- **Number:** [Phone (if STAT)]

#### Request Details
- **Reason for study (Diagnosis), Clinical history and Questions for the radiologist:**
  - [ ] Waive Creatinine Requirement (for Contrast Studies)

#### Imaging Modalities
**CT**
- **Brain:** [CT Sinus] [w/o contrast]
- **Chest:** [CT Chest] [w/ & w/o contrast]
- **Abdomen & Pelvis:** [CT Abdomen & Pelvis] [w/ & w/o contrast]
- **Diagnostic Mammogram**
- **Knee Series:** [CT Knee Series] [Bilateral] [w/o contrast]
- **Coronary Calcification Screening:** [w/o contrast]

**MRI**
- **Brain:** [MRI Brain] [w/ & w/o contrast]
- **C-Spine:** [MRI C-Spine] [w/ & w/o contrast]
- **L-Spine:** [MRI L-Spine] [w/ & w/o contrast]
- **Abdomen:** [MRI Abdomen] [w/ & w/o contrast]
- **Pelvis:** [MRI Pelvis] [w/ & w/o contrast]
- **Knee:** [MRI Knee] [w/o contrast] [Bilateral] [w/o contrast]

**US**
- **Breast Imaging**
  - [ ] Screening 3D Mammo [Bilateral] [Right] [Left]
  - [ ] Screening 2D Mammo [Bilateral] [Right] [Left]
  - [ ] Diagnostic Mammogram [Bilateral] [Right] [Left]
- **Abdomen & Pelvis**
  - [ ] Ultrasound
  - [ ] PET/CT

**Interventional Radiology**
- **Dx:** [Interventional Radiology Consult]
- **Preferred Clinician:** [Preferred Clinician]
- **Porta-Cath** [Permacath] [Hickman] [PICC]
- **Biopsy:** [Biopsy]
- **Drainage:** [Drainage]
- **Ablation:** [Ablation]
- **Embolization:** [Embolization]
- **Angioplasty / stent placement:** [Angioplasty / stent placement]
- **Venous thrombolysis / recanalization** [TIPS]
- **IVC filter placement** [IVC filter removal]
- [ ] Varicose vein treatment
- **Other:** [Other]

### Other Procedures
- **Neuro/ Spine/ Pain Management**
  - [ ] Lumbar [Thoracic] [Cervical]
  - [ ] Interlaminar Epidural [Transforaminal Epidural]
  - [ ] Facet Block [Nerve Block]
  - [ ] Sacroiliac Joint [Spine Biopsy]
  - [ ] Bone RFA [Vertebroplasty] [Kyphoplasty]
  - [ ] Other:

- **Sports Injury Procedures**
  - [ ] Bilateral [Right] [Left]
  - [ ] MR Arthrogram: [Shoulder] [Hip] [Wrist] [Elbow]
  - [ ] Joint Injection: [Hip] [Shoulder] [Other]
  - [ ] US guided joint injection/aspiration
  - [ ] Fluoroscopy guided joint injection/aspiration
  - [ ] Other:

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**Reason (check one):**
- [ ] Stat
- [ ] Routine

**Appt. Date:** [Appt. Date]
**Appt. Time:** [Appt. Time]

**Ultrasonography**
- [ ] US Abdomen Complete
- [ ] US Kidney
- [ ] US Pelvis Transabdominal w/ Transvaginal
- [ ] US Thyroid/Parathyroid
- [ ] US Doppler Leg(s) Veins [Bilateral] [Right] [Left]

**PET/CT**
- [ ] PET/CT Whole Body + Diag CT [w/ & w/o contrast]
- [ ] PET/CT Skull base to Mid-Thigh + Diag CT [w/ & w/o contrast]
- [ ] PET/CT Skull base to Mid-Thigh (CT for attenuation/correction)
- [ ] PET Brain

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**RADIOLOGY CONTACT INFORMATION**
- Central Scheduling (Diagnostic Studies): (310) 301-6800
- Interventional Radiology Clinics: (310) 481-7545
- Interventional Radiology Procedures: (310) 825-5565
- Scheduling Fax: (310) 794-9035
- Image Library: (310) 825-6425 | Authorizations: (310) 301-8899
- Cash pricing for select studies: uclahealth.org/cash-pricing

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**Interventional Radiology Procedures**
- [ ] Preferred Clinician:
- [ ] Porta-Cath
- [ ] Permacath
- [ ] Hickman
- [ ] PICC
- [ ] Biopsy
- [ ] Drainage
- [ ] Ablation
- [ ] Embolization
- [ ] Angioplasty / stent placement
- [ ] Venous thrombolysis / recanalization
- [ ] TIPS
- [ ] IVC filter placement
- [ ] IVC filter removal
- [ ] Varicose vein treatment

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**RADIOLOGY ORDER (Outpatient)**

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**Print Label if Available**

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**Print**

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**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