## RADIOLOGY ORDER (Outpatient)

**Reason for study (Diagnosis), Clinical history and Questions for the radiologist:**

- Waive Creatinine Requirement (for Contrast Studies)

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

**Appt. Date:** ___________ □ Stat □ Routine  
**Appt. Time:** ___________ □ Stat □ Routine

### 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/ & w/o contrast □ w/o contrast
- □ MRI C-Spine □ w/ & w/o contrast □ w/o contrast
- □ MRI L-Spine □ w/ & w/o contrast □ w/o contrast
- □ MRI Abdomen □ w/ & w/o contrast □ w/o contrast
- □ MRI Pelvis □ w/ & w/o contrast □ w/o contrast
- □ MRI Knee □ w/ & w/o contrast □ Bilateral □ Right □ Left

**Other:** ___________________________

### PET/CT

- □ PET/CT Whole Body □ w/o & w/o contrast □ w/o con □ w/o con
- □ PET/CT Skull base to Mid-Thigh □ w/ con □ w/ & w/o contrast □ w/o contrast □ w/o con
- □ PET/CT Skull base to Mid-Thigh (CT for attenuation/correction)

**PET/CT Whole Body (CT for attenuation/correction):** □ PET Brain □ w/o contrast □ w/o con

**Other:** ___________________________

### Intervventional Radiology

**Interventions & Procedures**

- Dx: __________________________________________

□ Interventional Radiology Consult
□ 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
□ Other:

### 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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**Image Library:** (310) 825-6425 | **Authorizations:** (310) 301-8899

**Print Label if Available**

**Cash pricing for select studies:** uclahealth.org/cash-pricing

**Appt Reminders, Preps & Full Reports:** my.uclahealth.org
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
- Upcoming Appts and Full Written Radiology Reports: my.uclahealth.org

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UCLA Radiology supports Ultrasound, walk-in X-Ray and Mammography services in various UCLA Health Clinics.

- Beverly Hills – Primary & Specialty Care
- 2020 Santa Monica Blvd. Building
- UCLA Spine Center, Santa Monica
- Redondo Beach – UCLA Primary & Specialty Care
- Torrance – UCLA Primary & Specialty Care (Lomita Blvd.)
- Torrance – UCLA Primary & Specialty Care (Skypark Dr.)
- Marina Del Rey Urgent Care & Primary Care
- Porter Ranch – UCLA Primary & Specialty Care
- Thousand Oaks – UCLA Primary & Specialty Care
- Woodland Hills – Family Medicine, Internal Medicine & Pediatrics Urgent Care – The Village at Westfield Topanga
- Encino – Primary & Specialty Care

Services may be limited and not offered at every location. See the full list at uclahealth.org/radiology/our-locations