RADIOLOGY ORDER (Outpatient)

Central Scheduling (Dx Studies): (310) 301-6800
Send orders via Fax: (310) 794-9035
Or E-mail: uclarad@mednet.ucla.edu

Patient Name  Date
DOB  Pt Phone

Print Label if Available

Ordering Provider: ____________________________
Office Phone (if STAT) ____________________________

Print

Request (check one):  ☐ Stat  ☐ Routine
MRI  ☐ Waive eGFR/Creatinine Requirement (for Contrast Studies)
MRI Brain  ☐ w/wo contrast  ☐ w/o contrast MRI C-Spine  ☐ w/wo contrast  ☐ w/o contrast
MRI L-Spine  ☐ w/wo contrast  ☐ w/o contrast MRI Abdomen  ☐ w/wo contrast  ☐ w/o contrast
MRI Pelvis  ☐ w/wo contrast  ☐ w/o contrast MRI Shoulder w/ o contrast  ☐ Bilateral  ☐ Right  ☐ Left
MRI Wrist w/ o contrast  ☐ Bilateral  ☐ Right  ☐ Left MRI Knee w/ o contrast  ☐ Bilateral  ☐ Right  ☐ Left
MRI Ankle w/ o contrast  ☐ Bilateral  ☐ Right  ☐ Left MRI Foot w/ o contrast  ☐ Bilateral  ☐ Right  ☐ Left
CT Chest  ☐ w/ contrast  ☐ w/o contrast CT Abdomen & Pelvis  ☐ w/wo contrast  ☐ w/  ☐ w/o
☐ CT Sinus w/ o contrast  ☐ CT Parathyroid w/wo contrast ☐ CT Brain w/ o contrast  ☐ CT Temporal Bones w/ o con
☐ CT L-Spine w/ o contrast  ☐ CT C-Spine w/o contrast ☐ CT Neck w/ o contrast  ☐ CT Urogram w/ o contrast
☐ CT Foot + Ankle Gout DE Bilat CT Coronary Calcium Screening  ☐ w/o contrast
CTA Coronary  ☐ w/wo contrast  ☐ w/ contrast CTA Chest  ☐ w/wo contrast  ☐ w/ contrast
CT Colonography Screening  ☐ w/ o contrast CT Lung CA Screening  ☐ Baseline (1st) ☐ Follow Up (2+)
Other: __________________________________________

Reason for Study (Diagnosis), Clinical History and Questions for the Radiologist:

☐ Any Location  ☐ Preferred Radiology Location:

☐ I opt-out from authorizing the Radiologist from modifying the parameters of this test (including contrast) as medically necessary based on the clinical indications for the study. By checking this box and opting-out, I will have to resubmit a new order if changes are recommended.

Ultrasound
☐ US Abdomen Complete  ☐ US Kidney Bilateral
☐ US Pelvis Transabdominal w/ Transvaginal  ☐ US Thyroid/Parathyroid
☐ US Scrotum and Testicles w Doppler  ☐ US Soft Tissue (location: ____________________________)
☐ US Hernia (location: ____________________________)
☐ US Duplex Carotid Arteries
US Duplex Leg Veins  ☐ Bilateral  ☐ Right  ☐ Left
☐ US Hips w/ Manipulation Infant (<4 month old)
Other: __________________________________________

FLUOROSCOPY
☐ FL Defecogram  ☐ FL Esophagus Barium Swallow
Other: __________________________________________

General X-ray
XR Chest LAT 2V  ☐ PA  ☐ AP
☐ XR Bone Age  ☐ XR KUB 1V
☐ XR C-Spine 5V  ☐ XR L-Spine 5V
XR AP LAT Hip w/ AP Pelvis 3V  ☐ Bilat  ☐ Right  ☐ Left
Other: __________________________________________

PET/CT
Please Specify Tracer:
PET/CT Whole Body + Diag CT  ☐ w/ con  ☐ w/o con
☐ PET/CT Whole Body CT for attenuation/correction
☐ PET Brain

Interventional Radiology

Interventional Thoracic/Abdominal Procedures
(IR discretion for image guidance)
☐ Biopsy/FNA Site: ____________________________ ☐ Asp Catheter  ☐ Either
☐ Drainage Site: ____________________________
☐ Other:

Interventional Vascular Procedures
1. ☐ Placement  ☐ Adjustment/Check‡  ☐ Removal
☐ If Adj/Check:  ☐ Remove at IR Discretion  ☐ Keep
2. ☐ Porta-Cath  ☐ Permacath  ☐ Hickman  ☐ PICC
☐ Other: ______________________________________

Interventional MSK Procedures
☐ Bilateral  ☐ Right  ☐ Left
☐ Shoulder  ☐ Wrist  ☐ Hip  ☐ Knee  ☐ Toe
☐ MR Arthrogram  ☐ CT Arthrogram
Arthrocentesis:  ☐ Injection  ☐ Aspiration
Inj/Asp Site: ____________________________

Referrals for Therapy Consultations
Clinician ☐ Any ☐ Preferred:
Interventional Neuro/Spine: ☐ Aneurysm ☐ AVM/AVF
☐ Stroke ☐ Nerve Block  ☐ Other*
Interventional Vascular: ☐ PAD ☐ Portal HTN
☐ Varicose Veins ☐ Venous Disease/VTE ☐ HHT
☐ IVC filter ☐ BPH ☐ Fibroids ☐ Other*
Interventional Oncology:
Primary CA: ____________________________ ☐ Mets
1. ☐ TACE/TARE ☐ Ablation  ☐ HIFU  ☐ Other*
2. ☐ Lung/Thorax ☐ Liver ☐ Kidney/Adrenal ☐ Other*
*Other (specify):
Interventional Neuro/Spine Procedures
☐ Epidural ☐ Facet Block  ☐ Nerve Block
☐ Bone RFA ☐ Vertebralplasty ☐ Kyphoplasty
Neuro Procedure:

uclahealth.org/radiology

Rev.2/23
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

### Imaging and Interventional Center Locations

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Free Parking</th>
<th>MR</th>
<th>CT</th>
<th>MAMMO</th>
<th>US</th>
<th>X-RAY</th>
<th>DEXA</th>
<th>PET/CT</th>
<th>IR (Clinic and Procedures)</th>
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</thead>
<tbody>
<tr>
<td>UCLA Medical Plaza Imaging and Interventional Center</td>
<td>100, 200, 300 UCLA Medical Plz. Los Angeles, CA 90095</td>
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<td>Ronald Reagan UCLA Medical Center</td>
<td>757 Westwood Plaza Los Angeles, CA 90095</td>
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<tr>
<td>Santa Monica Outpatient Imaging and Interventional Center</td>
<td>1245 16th St., #100, #105, #110 Santa Monica, CA 90404</td>
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<td>Barbara Kort Women’s Imaging Center</td>
<td>1260 15th Street, #111 Santa Monica, CA 90404</td>
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<tr>
<td>Beach Imaging and Interventional Center</td>
<td>1919 Santa Monica Blvd., #300 Santa Monica, CA 90404</td>
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<tr>
<td>UCLA Medical Center, Santa Monica</td>
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<tr>
<td>Manhattan Beach Imaging and Interventional Center</td>
<td>2200 N. Sepulveda Boulevard Manhattan Beach CA 90266</td>
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<tr>
<td>Palos Verdes Imaging and Interventional Center &amp; Women’s Imaging Center</td>
<td>501 Deep Valley Drive 3rd and 4th Floors Rolling Hills Estates, CA 90274</td>
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<td>Calabasas Imaging and Interventional Center</td>
<td>26585 Agoura Road, #210 Calabasas, CA 91302</td>
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<td>Encino Imaging and Interventional Center</td>
<td>15503 Ventura Boulevard Encino, CA 91436</td>
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<td>North Hollywood Imaging and Interventional Center</td>
<td>4343 Lankershim Boulevard North Hollywood, CA 91602</td>
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<td>Santa Clarita Imaging and Interventional Center</td>
<td>27235 Tourney Road, #1500 Valencia, CA 91355</td>
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<td>Westlake Village Women’s Imaging Center</td>
<td>30700 Russell Ranch Road, #110 Westlake Village, CA 91362</td>
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UCLA Radiology supports Ultrasound, walk-in X-Ray and Mammography services in various UCLA Health Clinics.


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