
Thank you for referring your patient to the Radiology Department at Children's Hospital Los Angeles!

The following patient documentation is required in order to process your patient's appointment:

- Please fax back this form along with all required documents. Note: request cannot be processed without this form and all required documents needed.

REQUIRED DOCUMENTATION NEEDED TO SCHEDULE:

(Please be sure to provide the **PATIENT NAME & DATE OF BIRTH** on *all* documents submitted)

- **Pre-scheduling Evaluation Form** (see attached; to be fully completed by an **MD only**)
- **Signed Doctor's Order (Rx) which includes:**
 - a) Doctor's name, address, phone number, CA Med License and NPI number
 - b) Patient's name & date of birth
 - c) Study requested
 - d) Diagnosis with ICD10 code (R/O is not accepted)
- **Recent Clinical Notes**
- **Insurance information** (clear copy of insurance card)
- **Approved Authorization* and TAR** if applicable (need hard copy of authorization)
- **Patient Demographic sheet** (need two patient telephone numbers, if available)
- **Any applicable Court Documentation (for cases involving adoption, legal guardianship or foster care programs)**

Is patient under the care of the court, foster home, group home or DCFS?

NO

Yes, If Yes please circle one:

Foster home, court consent, group home, DCFS or other _____

*Please provide Name & phone number for social worker: _____

***Authorizations (must be obtained by the referring MD's office)**

- Please note the following regarding MRI AUTHORIZATIONS:
- Medi-Cal Plans: TAR is required (approval can take 6-10 weeks)
 - HMO & Medi-Cal Managed Care Plans: Authorization required
 - California PPO Plans: Pre-Certification required for most plans
- Please include CPT Code 01922 for all MRI exams that require sedation

Submit your request via:

Fax: 323-361-8988

Email: md1@chla.usc.edu

***Radiology will call the patient/family directly to schedule the appointment
once we have received all appropriate documentation***