BRAIN SPECT (DaTscan) EXAM REQUEST

FAIRFAX RADIOLOGY CENTERS

Fairfax Radiological Consultants, P.C.

TO SCHEDULE PLEASE CONTACT
NUCLEAR MEDICINE DIRECTLY AT 703.698.4442
You must bring this prescription with you to your exam.

Date: _____

Patient Name: _____ DOB _____ / _____ / _____

Physician Name/Signature: _____

Clinical History: _____

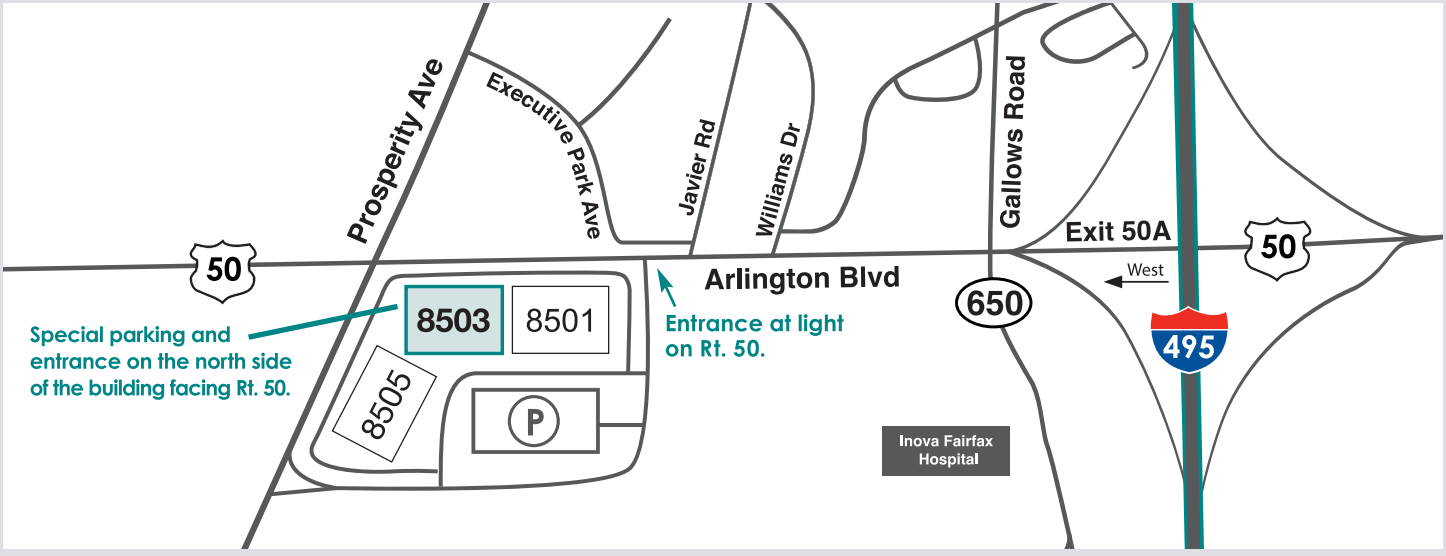
Exam Ordered

☑ **Brain SPECT Ordering Form – DaTscan**

- Thyroid blocking agent will be administered by FRC
- **A predetermination letter is required for all insurances except Medicare.**
- **The patient's medication list and predetermination letter must be faxed to the Nuclear Medicine Department at 703.698.5609. An appointment will not be made until both are obtained from the referring physician's office.**

Exam Preparation Instructions

- Patient must bring their medication list
- Drink extra fluids prior to the exam
- Wear loose, comfortable clothing



Prosperity Imaging Center

8505 Arlington Blvd., Ste. LL-100, Fairfax, VA 22031

- **Appointment Date:** _____
- **Appointment Time:** _____

For more information visit us at fairfaxradiology.com

FRC FAIRFAX RADIOLOGY CENTERS

Referral Pad Reorder Sheet

A friendly reminder to reorder referral pads

FAIRFAX RADIOLOGY CENTERS

Office Name _____ Date _____

Ordered By _____

Address _____ Suite _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Referral Pad Requests – Please indicate number of referral pads needed

☐	General FRC	#_____	☐	PET/CT	#_____	☐	Pelvic Floor	#_____
☐	Breast Imaging	#_____	☐	Fairfax Vein Center	#_____	☐	Thyroid FNA	#_____
☐	MRI	#_____	☐	Musculoskeletal US	#_____	☐	Brain SPECT (DaTscan)	#_____
☐	Nuclear Medicine	#_____	☐	Pain Management	#_____	☐	Lung Screening	#_____

Physician Resources

☐ Accessing Patient Reports and Images Online Guide ☐ FRC Sites and Services Card ☐ FRC Sites and Services Pad (50 Sheets)

☐ Please have a representative contact me regarding _____

To order supplies:

- **Fax this form to 703.698.4450 or Call 703.698.4481**
- **Go to www.fairfaxradiology.com, under "Quick Find Physicians" select "Referral Pad Request Form"**