

FAIRFAX RADIOLOGY BREAST IMAGING REQUEST



PATIENT SCHEDULING 703.698.4488

Fax 703.698.0864

Schedule online at fairfaxradiology.com

You must bring this prescription with you to your exam

To avoid any delay, all information in this box must be completed.

Patient Name _____ DOB _____ / _____ / _____

Physician Name (Clearly Legible) **FIRST NAME** _____ **LAST NAME** _____

Physician Signature (Required) _____ Date (Required) _____

NO STAMPED SIGNATURE

Clinical History/Symptoms _____

Additional Physicians to Receive a Report _____

FOR PRE-AUTHORIZATION ASSISTANCE PLEASE CALL 703.752.7793 • FAX CLINICAL NOTES TO 703.698.8745

Mammography

3D Breast Tomosynthesis is available to all patients.

- ☐ **Screening Mammogram 3D Tomosynthesis**
(Asymptomatic) If indicated
Diagnostic Mammogram/
Breast Ultrasound
- ☐ **Diagnostic Mammogram 3D Tomosynthesis**
(Symptomatic) If indicated
Breast Ultrasound
- ☐ **Other** _____

Ultrasound

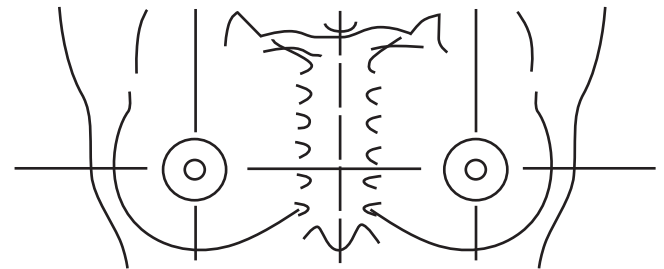
- ☐ **Diagnostic Breast Ultrasound** PRN Diagnostic Mammogram
☐ Left (_____ o'clock) ☐ Right (_____ o'clock)
- ☐ **Screening Breast Ultrasound (ABUS)**
PRN Screening Mammogram/Diagnostic Mammogram/
Diagnostic Breast Ultrasound

Bone Density

- ☐ **Osteoporosis Survey (DXA)**

Important Instructions

- **Bring this prescription with you to your exam.**
- Bring previous Mammograms, if performed elsewhere.
- On the day of the exam, DO NOT use deodorant, perfume, or powder on your underarms or breasts.
- Wear a two-piece outfit for your convenience.



Please mark locations for closer examination.

Breast MRI

- ☐ **Breast**
REQUIRED: Prior images and
Report (if not done at FRC)
- ☐ **MR Guided Biopsy**
PLEASE CALL 703.698.4465 to
schedule an appointment
- ☐ **Implant Evaluation Only**

Breast Interventional Procedures

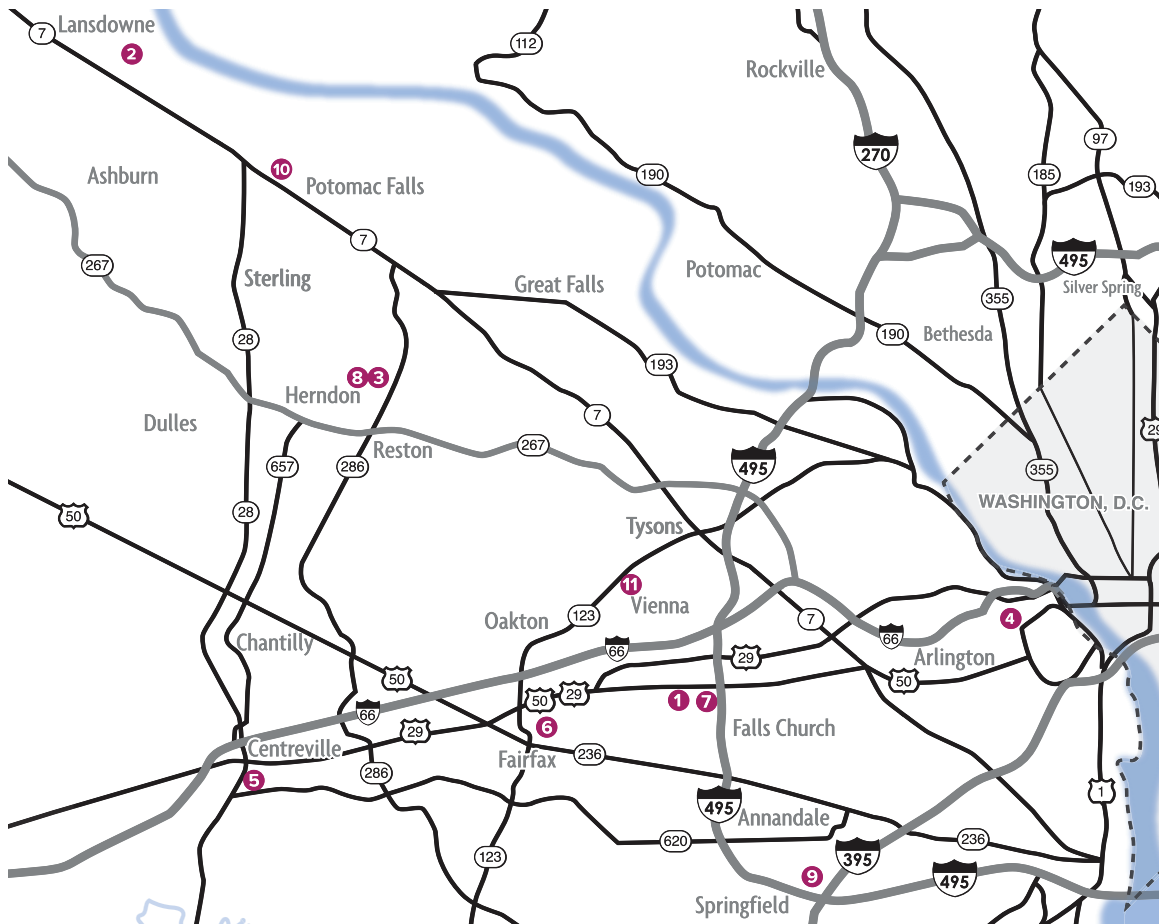
- ☐ **Stereotactic Biopsy** PRN US Guided Biopsy/Cyst Aspiration
☐ Left (_____ o'clock) ☐ Right (_____ o'clock)
- ☐ **Ultrasound Guided Biopsy** PRN Stereotactic/Cyst Aspiration
☐ Left (_____ o'clock) ☐ Right (_____ o'clock)
- ☐ **Cyst Aspiration** PRN Core Biopsy US Guided/Stereotactic
☐ Left (_____ o'clock) ☐ Right (_____ o'clock)

Diagnostic (X-Ray)

- ☐ **Chest**
☐ PA & LAT ☐ PA Only
- ☐ **Other**

Symptoms: _____

Also available online at fairfaxradiology.com



* Parking Notes

Fairfax Radiology Breast Center of Fairfax: Reserved parking is on the Pink/C level. Once parked, enter through the Pink Elevator door and take the sky walk across to Suite 200.

Fairfax MRI Center: Self-Parking is Free. Follow the YELLOW parking signs marked MRI Center to reach the reserved parking immediately adjacent to The Pavilion elevators. Take the elevators to level 3 and follow signs to Fairfax MRI Center.

Other Notes

If you have young children, please make arrangements for childcare before your exam date. Children are not allowed in the examination room and may not be left in the waiting room unattended.

- 1

Fairfax Radiology Breast Center of Fairfax
8260 Willow Oaks Corporate Dr., Ste. 200
Fairfax, VA 22031
703.698.4455 — fax: 703.205.9884
** Please see Parking Notes above*

2

Fairfax Radiology Breast Center of Loudoun 
Peterson Family Breast Center
19465 Deerfield Ave., Ste. 105
Lansdowne, VA 20176
703.788.8426 — fax: 703.382.6587

3

Fairfax Radiology Breast Center of Reston-Herndon
106 Elden St., Ste. 16, Herndon, VA 20170
703.481.3939 — fax 703.796.1103

4

Fairfax Radiology Center of Ballston
3833 N. Fairfax Dr., Ste. 110, Arlington, VA 22203
703.788.8420 — fax: 571.665.6691

5

Fairfax Radiology Center of Centreville
6211 Centreville Rd., Ste. 400, Centreville, VA 20121
703.204.4411 — fax 703.961.8318

6

Fairfax Radiology Center of Fairfax City
3801 University Dr., #120(CT, US), #130(X-ray, Mammo, DXA)
Fairfax, VA 22030
703.698.4467 — fax 703.788.8422

7

Fairfax MRI Center *
8081 Innovation Park Dr., The Pavilion 3rd Floor,
Fairfax, VA 22031
703.204.8333 — fax: 703.204.3744
** Please see Parking Notes above*

8

Fairfax Radiology Center of Reston-Herndon
 - 100 Elden St., Ste. 16, Herndon, VA 20170
703.481.9400 — fax: 703.481.9408
 - 102 Elden St., Ste. 11, Herndon, VA 20170
703.481.9400 — fax: 703.481.9392

8

Reston-Herndon MRI Center **
100 Elden St., Ste. 16M, Herndon, VA 20170
703.481.9400 — fax: 703.481.9408

9

Fairfax Radiology Center of Springfield
5510 Alma Lane, Ste. 100, Springfield, VA 22151
703.698.4485 — fax 703.750.0302
Entrance and parking in rear of building on Hempstead Way.

10

Fairfax Radiology Center of Sterling
4 Pidgeon Hill Dr., Sterling, VA 20165
703.450.5800 — fax: 703.450.0495

11

Fairfax Radiology Center of Vienna
115 Park St., SE, Ste. 203, Vienna, VA 22180
703.698.4456 — fax 703.242.4474

● Appointment Date: _____ ● Appointment Time: _____ ● Location: _____

* The Fairfax MRI Center is owned by Inova Fairfax Hospital. Management and Professional Services are provided by Fairfax Radiological Consultants, P.C.

** The Reston-Herndon MRI Center is a service provided by Inova Health Services and Fairfax Radiological Consultants, P.C.



REFERRAL PAD REORDER SHEET

A friendly reminder to reorder referral pads

Office Name _____ Date _____

Ordered By _____

Address _____ Suite _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Referral Pad Requests – Please indicate number of referral pads needed

- | | |
|--|--|
| <input type="radio"/> General Diagnostic # _____ | <input type="radio"/> Image Guided Pain Management # _____ |
| <input type="radio"/> Breast Imaging # _____ | <input type="radio"/> Diagnostic Vascular and Interventional # _____ |
| <input type="radio"/> MRI # _____ | <input type="radio"/> Low Dose CT Lung Screening # _____ |
| <input type="radio"/> Nuclear Medicine # _____ | <input type="radio"/> Thyroid FNA # _____ |
| <input type="radio"/> PET/CT # _____ | |

Physician Resources

- | | |
|---|---|
| <input type="radio"/> Accessing Patient Reports and Images Online Guide | <input type="radio"/> Please have a representative contact me regarding _____ |
| <input type="radio"/> FRC Sites and Services Pad (50 Sheets) | |

Physician Brochures

CT (Computed Tomography)

- ☐ Cardiac CT Screening
- ☐ Lung CT Screening
- ☐ Radiation Dose and CT
- ☐ Virtual Colonoscopy

Breast Imaging

- ☐ Automated Breast Ultrasound Screening (ABUS)
- ☐ 3D Lower Dose Mammography/Tomosynthesis
- ☐ Breast Imaging Patient's Overview
- ☐ Breast MRI

Interventional Radiology

- ☐ Abdominal Aortic Aneurysm
- ☐ Liver Cancer Treatment
- ☐ Peripheral Arterial Disease
- ☐ Uterine Fibroid Embolization
- ☐ Varicose & Spider Veins
- ☐ Vertebroplasty

Other

- ☐ About PET Your PET/CT Scan
- ☐ Pain Management Patient's Overview
- ☐ Prostate MRI Patient Instructions
- ☐ Your Guide to Vein Treatments

To order supplies:

- Fax this form to **703.698.4450** or Call **703.698.4481**
- Visit fairfaxradiology.com, under **Physician Resources**, select **Request Referral Pads**.