



Fairfax Radiological Consultants, P.C.

You must bring this prescription with you to your exam

Patient Scheduling 703.698.4488

Fax 703.698.0864

Schedule online at fairfaxradiology.com

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 _____

Physician Address _____

Physician Phone _____ Physician Fax _____

Clinical History/Symptoms _____

Dental CT Studies are performed at the Woodburn Diagnostic Center

Dental CT studies are used for Implant Surgery ONLY.

If you would like to request a study other than a Dental Implant CT Exam, please use the relevant referral pad.

We do NOT do Cone Beam CT Scanning.

Format

- SimPlant
 - SimPlant View: Free viewer with basic planning functionality
 - SimPlant Planner: Must have SimPlant Planner software
 - One Shot: Specially formatted study with surgical planning software included (additional fee required)
 - DICOM
- Implant Logic System
- Keystone Dental (Easy Guide)
- Nobel Guide
- DICOM
- Other (Specify) _____

Anatomy To Be Scanned

- Maxilla Mandible Both
- Will patient be wearing a radiographic template?
 - Yes No
- Would you like the radiologist's interpretation? (additional fee required)
 - Yes No

Billing And Delivery

- Payment is due at the time of service. For pricing inquiries, please contact your Health Screening Coordinator at 703.698.4464.
- We will deliver all CD-ROM via mail.

Map of Location

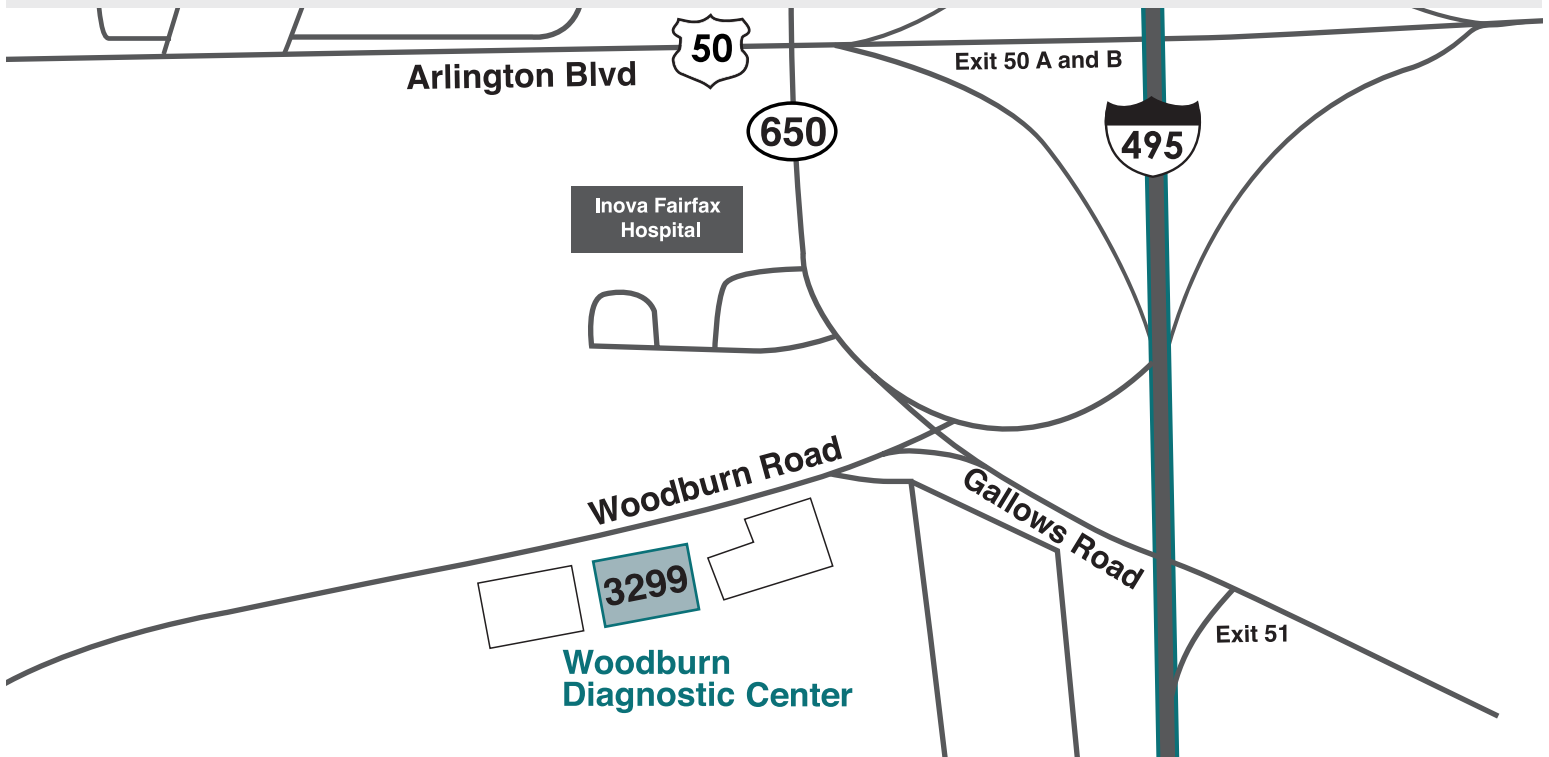
Also available online at fairfaxradiology.com



★ Woodburn Diagnostic Center

3299 Woodburn Rd., Ste. 110, Annandale, VA 22003

Phone: 703.849.9050



■ Appointment Date: _____

■ Appointment Time: _____

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

- Dental CT # _____
- General FRC # _____
- MRI # _____

Physician Resources

- Accessing Patient Reports and Images Online Guide
- FRC Sites and Services Pad (50 Sheets)
- Please have a representative contact me regarding _____

- Dental CT Overview

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”