FAIRFAX RADIOLOGY EXAM REQUEST

FAIRFAX RADIOLOGY CENTERS
An Inova partnership

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 BY FAIRFAX RADIOLOGY PLEASE COMPLETE:

ICD-10 Code: _____

Please fax clinical notes to: 703.698.8745 ● Questions: 703.752.7793

	TAX ID	NPI
Fairfax Radiology Centers, LLC(IFRC)	32-0611800	1508405317
Tysons MRI and Imaging Center	26-4587374	1972838993

CT Scan – Neuro

Specify IV Contrast ○ Yes ○ No

- ○ Head
- ○ Facial Bones
- ○ Orbits
- ○ Sinus
  - ○ CT Surgical Navigation
  - Medtronic, Stryker, Other_
- ○ Neck (Soft Tissue)
- ○ C-Spine
- ○ T-Spine
- ○ L-Spine
- ○ Temporal Bone/Middle Ear
- ○ Other _____

CT Angiography (CTA) – Neuro

Contrast Required

- ○ Intracranial (Circle of Willis or Aneurysm)
- ○ CTA Carotid/Neck (Great Vessels)
- ○ CT Venogram – Intracranial
- ○ CT Venogram – Neck
- ○ Other _____

CT Scan – Body

Specify IV Contrast ○ Yes ○ No

- ○ Chest
  - ○ Routine ○ High Resolution
  - ○ SuperD ○ Lung Screening**
- ○ PE Study (Pulmonary CTA)
- ○ Abdomen *
- ○ Pelvis *
- ○ Triphase – Adrenal *
- ○ Triphase – Liver *
- ○ Triphase – Pancreas *
- ○ Triphase – Renal Mass *
- ○ CT Pelvis with Rectal Contrast
- ○ CT Urogram/IVP
- ○ Kidney Stone Screening
- ○ 3D Virtual Colonoscopy *
  - ○ Diagnostic (symptomatic)
  - ○ Screening (asymptomatic) **
- ○ Extremities (Specify) _____
- ○ CT Small Bowel Enterography
  - ○ IBD ○ Anemia/Mass
- ○ Calcium Scoring (Heart Scan) **
- ○ Whole Body Scan * **
- ○ Other _____

CT Venogram (CTV) – Body

Contrast Required

- ○ Abdomen CTV
- ○ Abd/pelvis CTV
- ○ Other _____

CT Angiography (CTA) – Body

Contrast Required

- ○ 3D Heart Scan/ Coronary Arteries
- ○ CT Heart
  - ○ Pulmonary Vein Mapping
  - ○ POST TAVR CT HEART
  - ○ Other _
- ○ PE Study (Pulmonary CTA)
- ○ Thoracic Aorta
- ○ Abdominal Aorta
- ○ Abd/Pelvis CTA
- ○ Renal Arteries
- ○ PRE TAVR (chest/abd/pelvis CTA)
- ○ POST TAVR CT HEART
- ○ Lower Extremity Runoff
- ○ Upper Extremity CTA
- ○ Other _____

Other

- ○ Hysterosalpingogram (HSG) – Fluoroscopy

Breast Imaging

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
  - ○ NO PRN Breast Ultrasound
- ○ Diagnostic Breast Ultrasound
  PRN Diagnostic Mammogram
- ○ Screening Breast Ultrasound (ABUS)
- ○ Other _____
- ○ Cyst Aspiration PRN Core Biopsy
- ○ Core Biopsy PRN Cyst Aspiration
  - ○ Stereotactic/PRN US Guided
  - ○ US Guided/PRN Stereotactic

Bone Densitometry

- ○ Osteoporosis Survey (DXA)

Ultrasound

- ○ AAA
- ○ Abdominal
- ○ Appendiceal Ultrasound
- ○ Limited Study for Hernia
- ○ Aorta
- ○ Duplex/Carotid
- ○ Hysterosonogram (Saline Infused Sonography)
- ○ OB/Transvaginal/PRN
  - ○ Transvaginal Only
  - ○ Biophysical Profile/with Doppler
- ○ Pelvic with Transvaginal
- ○ Pelvic NO Transvaginal
- ○ Pelvic Transvaginal Only
- ○ Prostate Transabdominal (gland size plus bladder)
- ○ Scrotum/PRN Doppler
- ○ Urinary Tract Renal/Bladder
- ○ Thyroid/Parathyroid Ultrasound
  - ○ Lymph Node Mapping
  - ○ PRN FNA with Pathologist Consult
  - ○ PRN FNA **No** Pathologist Consult
- ○ Thyroid FNA with Path Consult
  - ○ Thyroid FNA **No** Pathologist Consult
- ○ Arterial Doppler (Specify) _____
- ○ MSK _____
- ○ MSK US-Guided Intervention _____
- ○ Venous Doppler/Extremity (Specify) _____
- ○ Palpable finding (Specific Location) _____

Diagnostic X-ray

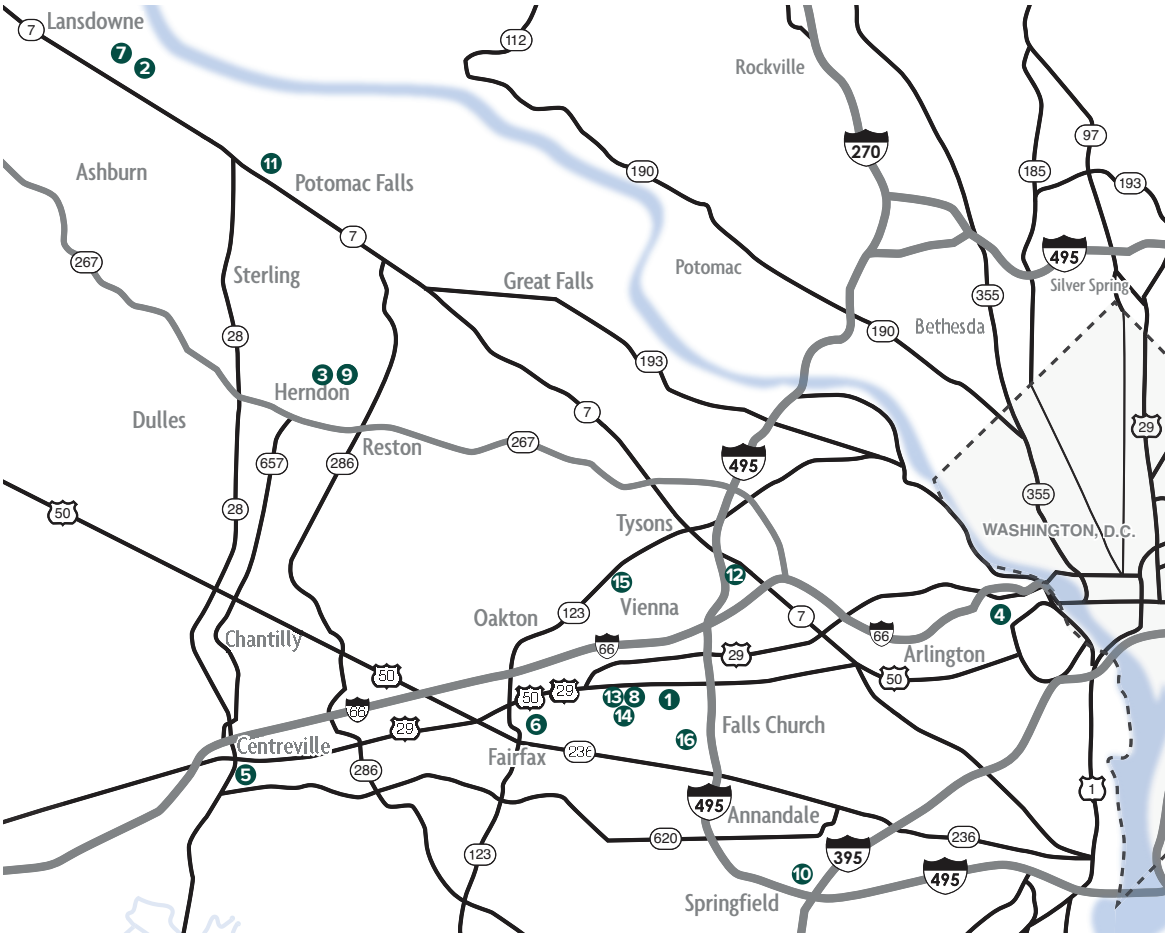
No appointment necessary – see reverse side for walk-in locations
Please check with the Center for walk-in X-ray hours.

- ○ Abdomen
  - ○ Flat ○ Flat & Erect
- ○ Chest
  - ○ PA & LAT ○ PA Only
- ○ Ribs ____L ____R
  - ○ Ribs for trauma to incl. PA Chest
- ○ AP Pelvis
- ○ Hip ____L ____R
- ○ Sinuses
- ○ Waters View
- ○ Scoliosis (Reston Only)
- ○ Metastatic Bone Survey
  Appointment Necessary
- ○ Spine
  - ○ Cervical ○ Lumbar ○ Thoracic
- ○ Extremities
  - ○ Shoulder _ L _ R
  - ○ Elbow _ L _ R
  - ○ Wrist _ L _ R
  - ○ Hand _ L _ R
  - ○ Hip _ L _ R
  - ○ Knee _ L _ R
  - ○ Ankle _ L _ R
  - ○ Foot _ L _ R
  - ○ Calcaneus/Heel _ L _ R
- ○ Other _____

* **Preparation** must be obtained from our centers prior to exam. ** **Please be aware that many insurance plans do not cover these procedures; therefore, payment will be requested at the time of service.**

MAP OF LOCATIONS

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.

* Walk In

Walk In patients welcome for X-Ray (plain films) only. Kindly arrive 15 minutes before closing time. All other exams need to be scheduled.

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

2 Fairfax Radiology Breast Center of Loudoun ← Now Open
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 Drive, 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.
Ste. 120 (CT, US), Ste. 130 (X-ray, Mammo, DXA)
Fairfax, VA 22030
703.698.4467 — fax: 703.788.8422

7 Fairfax Radiology Center of Lansdowne
19455 Deerfield Ave, Ste. 102
Lansdowne, VA 20176
703.858.0001 — fax: 703.724.0600

8 Fairfax Radiology Center at Prosperity *
8503 Arlington Blvd.
Ste. LL-100 (US, X-ray, Nuc Med), Ste. LL-110 (CT)
Fairfax, VA 22031
703.698.9600 — fax: 703.698.5609
Special entrance and parking on north side of building facing Route 50.

9 Fairfax Radiology Center of Reston-Herndon*
2 Locations in Herndon, VA 20170
- 100 Elden St., Ste. 16 (X-ray, CT, Fluoro)
  703.481.9400 — fax: 703.481.9408
- 102 Elden St., Ste. 11 (Ultrasound)
  703.481.9400 — fax: 703.481.9392

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

11 Fairfax Radiology Center of Sterling
4 Pidgeon Hill Dr., Sterling, VA 20165
703.849.9050 — fax: 703.450.0495

12 Tysons MRI and Imaging Center * **
7799 Leesburg Pike, Ste. 104S
Falls Church, VA 22043
703.893.2820 — fax: 703.827.2685

13 Fairfax Radiology Ultrasound Center
8503 Arlington Blvd., Ste. LL-100
Fairfax, VA 22031
703.698.4498 — fax: 703.280.1566
Special entrance and parking on north side of building facing Route 50.

14 Fairfax Radiology Vascular Center
8505 Arlington Blvd., Ste. 400
Fairfax, VA 22031
703.698.4475 — fax: 703.573.4237

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

16 Fairfax Radiology Center at Woodburn *
3299 Woodburn Rd., Ste. 110
Annandale, VA 22003
703.849.9050 — fax: 703.698.4491

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

** Tysons MRI and Imaging Center is a service provided by Inova Health Care Services and Fairfax Radiological Consultants, P.C.

FAIRFAX RADIOLOGY CENTERS
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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

- ○ General Diagnostic #_____
- ○ Breast Imaging #_____
- ○ MRI #_____
- ○ Nuclear Medicine #_____
- ○ PET/CT #_____
- ○ Image Guided Pain Management #_____
- ○ Diagnostic Vascular and Interventional #_____
- ○ Low Dose CT Lung Screening #_____
- ○ Thyroid FNA #_____

Physician Resources

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

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.**