



Fairfax Radiological Consultants, P.C.

Image Guided Pain Management/Lumbar Puncture Patient Scheduling 703.752.7799 Fax 703.204.9187 Schedule online at fairfaxradiology.com

Date _____

You must bring this prescription with you to your exam

Patient Name _____ DOB _____ / _____ / _____

Telephone (daytime) _____ Alternate _____

Physician Name/Signature _____

*** Printed name and signature are both required**

Please Circle:

Prior FRC CT/MRI imaging? **Y** **N** — If no, patient must bring most recent imaging study and/or report related to area of injection.

Clinical History/Symptoms _____

In general, all injections are performed under CT guidance with Kenalog and Lidocaine, unless otherwise indicated.

Note: An initial Imaging Correlation and Pre-Injection Consultation with the Radiologist will be needed to determine treatment.

Epidural Injections

- Cervical (steroid only)**
 - Single Injection
 - 3 Injection Series Over 4-6 Weeks (8-12 week intervals)
- Lumbar (steroid and anesthetic)**
 - Single Injection
 - 3 Injection Series Over 4-6 Weeks (8-12 week intervals)

Selected Nerve Root Injection

- Cervical (steroid and anesthetic)**
 - Single Injection
 - 3 Injection Series Over 4-6 Weeks (8-12 week intervals)
- Lumbar (steroid and anesthetic)**
 - Single Injection
 - 3 Injection Series Over 4-6 Weeks (8-12 week intervals)

Please Circle:	
L	R
C2	C2
C3	C3
C4	C4
C5	C5
C6	C6
C7	C7

Please Circle:	
L	R
L1	L1
L2	L2
L3	L3
L4	L4
L5	L5
S1	S1

Other Injections

- Hip ____ L ____ R
- Sacroiliac Joint ____ L ____ R
- Other: _____

Facet Injections

- Cervical (steroid and anesthetic)**
 - Single Injection
 - 3 Injection Series Over 4-6 Weeks (8-12 week intervals)
- Lumbar (steroid and anesthetic)**
 - Single Injection
 - 3 Injection Series Over 4-6 Weeks (8-12 week intervals)

Please Circle:	
L	R
C2/3	C2/3
C3/4	C3/4
C4/5	C4/5
C5/6	C5/6
C6/7	C6/7
C7/T1	C7/T1

Please Circle:	
L	R
L1/2	L1/2
L2/3	L2/3
L3/4	L3/4
L4/5	L4/5
L5/S1	L5/S1

Image-Guided Lumbar Puncture

- Opening Pressure
- Cell Count
- Glucose
- Other: _____
- Large Volume CSF Removal

Extremity Injection/Aspiration (Ultrasound Guidance)

- Specify Area: _____
- Notes: _____

Please fax this order to 703.204.9187

Map of Location

Also available online at fairfaxradiology.com



Woodburn Diagnostic Center

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



Patient Preparation Instructions

- Call 703.752.7799
- All procedures are performed at the Woodburn Diagnostic Center

■ 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

- | | |
|--|--|
| <input type="checkbox"/> General FRC # _____ | <input type="checkbox"/> Musculoskeletal
Ultrasound # _____ |
| <input type="checkbox"/> Breast Imaging # _____ | <input type="checkbox"/> Pain Management # _____ |
| <input type="checkbox"/> MRI # _____ | <input type="checkbox"/> Pelvic Floor # _____ |
| <input type="checkbox"/> Nuclear Medicine # _____ | <input type="checkbox"/> Thyroid FNA # _____ |
| <input type="checkbox"/> PET/CT # _____ | |
| <input type="checkbox"/> Fairfax Vein Center # _____ | |

Physician Resources

- | | |
|---|--|
| <input type="checkbox"/> Accessing Patient Reports and
Images Online Guide | <input type="checkbox"/> Please have a representative
contact me regarding
_____ |
| <input type="checkbox"/> 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
■ Go to www.fairfaxradiology.com, under "Quick
Find Physicians" select "Referral Pad Request Form"

