

MRI EXAM 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 _____ Check here to request CD

Additional Physicians to Receive a Report _____

PRE-AUTHORIZATION ASSISTANCE INFORMATION

- If you would like Fairfax Radiology to obtain pre-authorization, please fax clinical notes to 703.698.8745.
- If you have already obtained pre-authorization, please provide: Pre-authorization # _____ and ICD-10 Code _____
- If you have questions regarding pre-authorization, please call 703.752.7793.

	TAX ID	NPI
Fairfax MRI Center	Tax ID: 54-0620889	NPI: 1831220714
Fairfax MRI Center at Reston	Tax ID: 26-4587374	NPI: 1972838993
Fairfax MRI and Imaging Center at Tysons	Tax ID: 26-4587374	NPI: 1972838993
Fairfax Radiology Center of Ballston	Tax ID: 54-0620889	NPI: 1851829550

MRI Head/Neck

Contrast: W & W/O W/O

- Brain
 - Brain Quantification Series
- IAC's
- Neck (Soft Tissue)
- Orbits
- Sella/Pituitary
- TMJ's
- Other (specify) _____

MRA Neck/Head (MR Angiogram)

Specify Contrast Below:

- Neck MRA
 - W & W/O W/O
- Head MRA
 - W/O
- Head MRA/Only if prior aneurysm coiling
 - W & W/O
- Head MRV/Venogram
 - W & W/O
- Other MRA (specify) _____

MRI Spine

Contrast: W & W/O W/O

Contrast is generally recommended for evaluation of demyelinating disease, neoplasm, or prior lumbar surgery.

- Cervical
- Thoracic
- Lumbar
- Spinal Survey
- Other (specify) _____

MRI Musculoskeletal

- Shoulder _____L _____R
- Elbow _____L _____R
- Wrist _____L _____R
- Hand _____L _____R
- Bony Pelvis
- Hip _____L _____R
- Knee _____L _____R
- Ankle _____L _____R
- Foot Mid/Fore _____L _____R
- Foot Mid/Hind _____L _____R
- Other (specify) _____
- With MR Arthrogram
- With IV Contrast
- With Cartilage Mapping
- Other (specify) _____

MRI Breast

- Breast REQUIRED: Films and Report (if not done at FRC)
- Implant Evaluation Only
- MR Guided Biopsy
PLEASE CALL 703.698.4465 to schedule an appointment
- Lifetime risk assessment score _____% _____ model used (i.e. IBIS, GAIL, BRCAPRO, etc.)

MRI Body

Contrast: W & W/O W/O

- Brachial Plexus
- Chest
- Abdomen
- MRCP
- Pelvic Floor (Dynamic)
- Pelvis
- Enterography
- Liver
 - Iron Deposition
 - Elastography
- Prostate (Endorectal if prostate has been removed)
- Pelvis/Rectal
 - Anal Fistula Protocol
 - Rectal Protocol
- Other (specify) _____

MRA Body (MR Angiogram)

- Chest
 - Pulmonary Mapping
- Thoracic Outlet
- Thoracic Aorta
- Abdominal Aorta
- Renal
- Pelvic
- Pelvic and Peripheral Vascular Runoff
- Other (specify) _____

MRI Cardiac

Please fax cardiac referrals ASAP to Fairfax MRI Center 703.204.3744.

- Cardiac Morphology
- Right Ventricular Dysplasia
- Myocardial Viability
- Other (specify) _____

Echocardiogram report required for exam. Please send report with patient.

PLEASE NOTE: Fairfax MRI Center is an outpatient department of Inova Fairfax Hospital. Management and Professional Services are provided by Fairfax Radiological Consultants, P.C.

The Fairfax MRI Center at Reston and The Fairfax MRI and Imaging Center at Tysons are a service provided by Inova Health Care Services and Fairfax Radiological Consultants, P.C.



MAP OF LOCATION

Also available online at fairfaxradiology.com

- Fairfax MRI Center**
 8081 Innovation Park Drive
 The Pavilion 3rd Floor
 Fairfax, VA 22031
 703.204.8333 – Fax: 703.204.3744

PARKING INSTRUCTIONS

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. If you prefer to use the Free Valet Parking and Patient Drop off at the building's main entrance, follow the GREEN parking signs.

- Fairfax MRI Center at Reston**
 100 Elden Street, Suite 16M
 Herndon, VA 20170
 703.481.9400 – Fax: 703.481.9408

- Fairfax MRI and Imaging Center at Tysons**
 7799 Leesburg Pike, Suite 104S
 Falls Church, VA 22043
 703.893.2820 – Fax: 703.827.2685

ADDITIONAL INSTRUCTIONS for Tysons MRI and Imaging Center LOCATION ONLY

Office Location:

FRC is in Suite 104S, located on the main lobby level. Proceed left past the elevators. **We are the last office at the end of the hallway.**

After Hour Access:

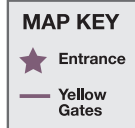
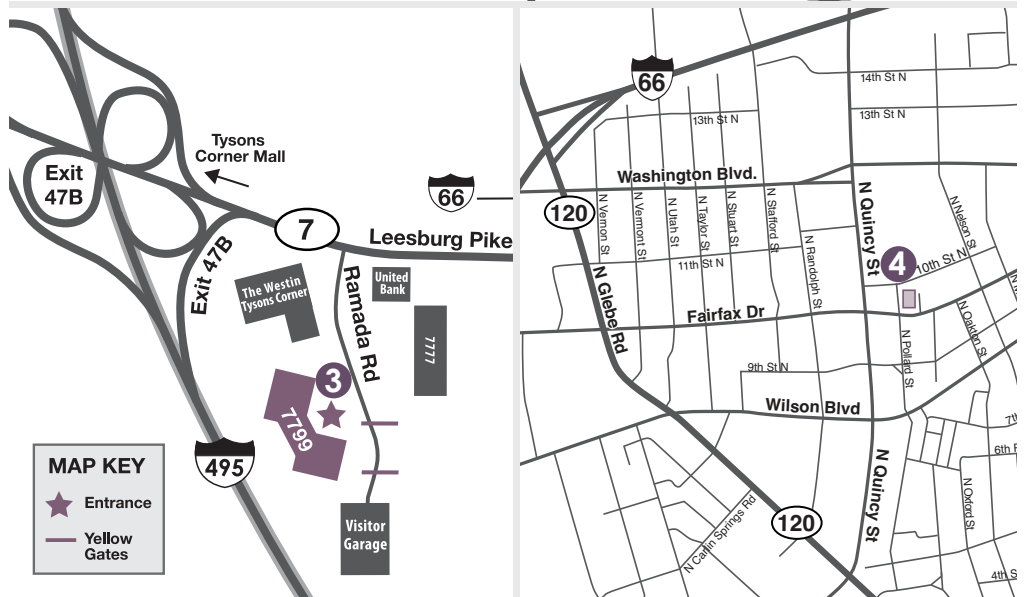
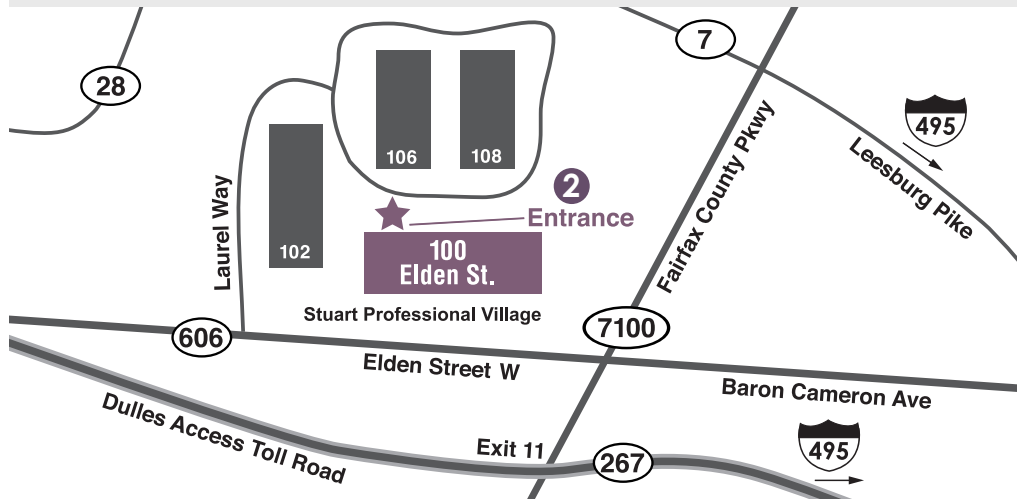
Press the intercom button that is directly to the right of the glass doors at the main entrance.

Important Parking Information:

- Go to the yellow gate and pull a parking voucher ticket to enter
- Once through the gate, immediately to your right, there are five designated spots for Tysons MRI and Imaging Center
- If the designated parking spots are occupied, there is additional parking in the visitor garage located in the back of the building
- All parking will be validated upon completion of appointment

For additional assistance call 703.893.2820

- Fairfax Radiology Center of Ballston**
 (formerly Inova Imaging Center – Ballston)
 3833 N. Fairfax Drive, Suite 110
 Arlington, VA 22203
 703.931.4404 — fax: 571.665.6691



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



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

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
- Go to www.fairfaxradiology.com, under "Quick Find Physicians" select "Referral Pad Request Form"