

THYROID IMAGING AND FNA EXAM REQUEST

At Fairfax Radiology,
We See You Better.SM



PATIENT SCHEDULING 703.698.4488

Fax 703.698.0864

Schedule online at fairfaxradiology.com

**SCHEDULE
YOUR EXAM**



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

Physician Office Phone _____

Clinical History/Symptoms _____

Fine Needle Aspiration

- ☐ Thyroid FNA
- ☐ Lymph Node FNA Location: _____
- ☐ Other (Indicate location) _____

Ultrasound Imaging

- ☐ Thyroid/Parathyroid Ultrasound
 - ☐ PRN FNA
- ☐ Other (e.g., cervical LN/mass, salivary gland) _____

Lymph Node Mapping

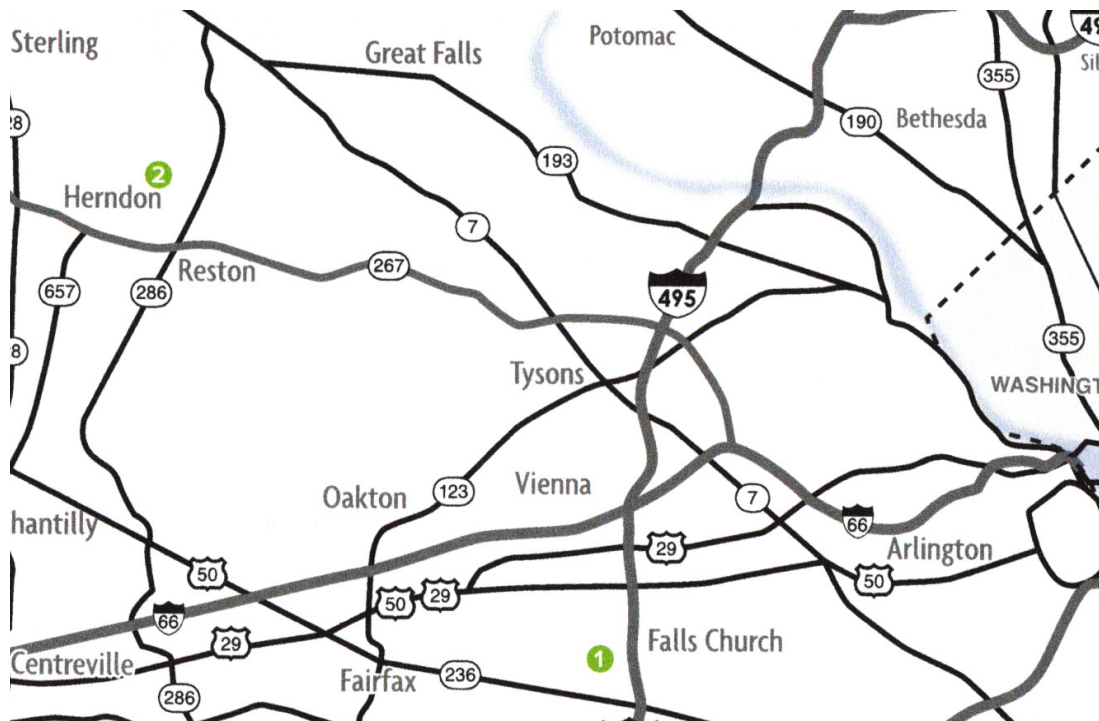
- ☐ Cervical Lymph Node Mapping
 - ☐ PRN FNA

Special Procedures

- ☐ Methylene Blue Injection (Pre-Operative)
- ☐ Ethanol Ablation (Check with radiologist prior to scheduling to determine if the patient is a good candidate for procedure)

MAP OF LOCATIONS

Also available online at fairfaxradiology.com



1 Fairfax Radiology Center at Woodburn
3299 Woodburn Rd., Suite 110
Annandale, VA 22003
703.849.9050 — fax: 703.698.4491

2 Fairfax Radiology Center of Reston-Herndon
450 Springpark Place, Suite 100
Herndon, VA 20170
703.481.9400 — fax: 703.481.9408

● Appointment Date: _____

● Appointment Time: _____

● Location: _____

For more information visit us at fairfaxradiology.com



REFERRAL PAD REORDER SHEET

A friendly reminder to reorder referral pads

Office Name _____ Date _____

Ordered By _____

Address _____ Suite _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Frequently Used Referral Pads – Please indicate number of referral pads needed.

- ☐ General Diagnostic Pad # _____
- ☐ Fairfax Radiology Centers
Sites and Services Information # _____

Specialty Referral Pads – Please indicate number of referral pads needed

- ☐ Breast Imaging # _____
- ☐ Dental CT # _____
- ☐ Thyroid FNA # _____
- ☐ MRI # _____
- ☐ Nuclear Medicine # _____
- ☐ Pain Management # _____
- ☐ PET/CT # _____



Scan to order supplies

OR

Call: 703.698.4450

or

Fax this form to: 703.698.4481