



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) _____

Physician Office Phone _____ 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
Reston-Herndon MRI Center	Tax ID: 26-4587374	NPI: 1972838993
Tysons MRI and Imaging Center	Tax ID: 26-4587374	NPI: 1972838993
Fairfax Radiology Centers, LLC (IFRC)	Tax ID: 32-0611800	NPI: 1508405317
Centreville MRI Center	Tax ID: 26-4587374	NPI: 1972838993

MRI Head/Neck

Contrast: ☐ W & W/O ☐ W/O

- ☐ Brain
☐ Brain Quantification Series
- ☐ IACs
- ☐ Neck (Soft Tissue)
- ☐ Orbits
- ☐ Sella/Pituitary
- ☐ TMJs
- ☐ 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
☐ 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
- ☐ Neurogram (specify) _____
- ☐ With MR Arthrogram
- ☐ With IV Contrast
- ☐ Other (specify) _____

MRI Breast

- ☐ Breast REQUIRED: Images and Reports (if not done at FRC)
- ☐ Abbreviated Breast MRI
Cancer Screening
- ☐ Abbreviated Breast MRI
Implant Evaluation
- ☐ Implant Evaluation Only
☐ W & W/O ☐ W/O
- ☐ MR Guided Biopsy
- 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
- ☐ 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) _____

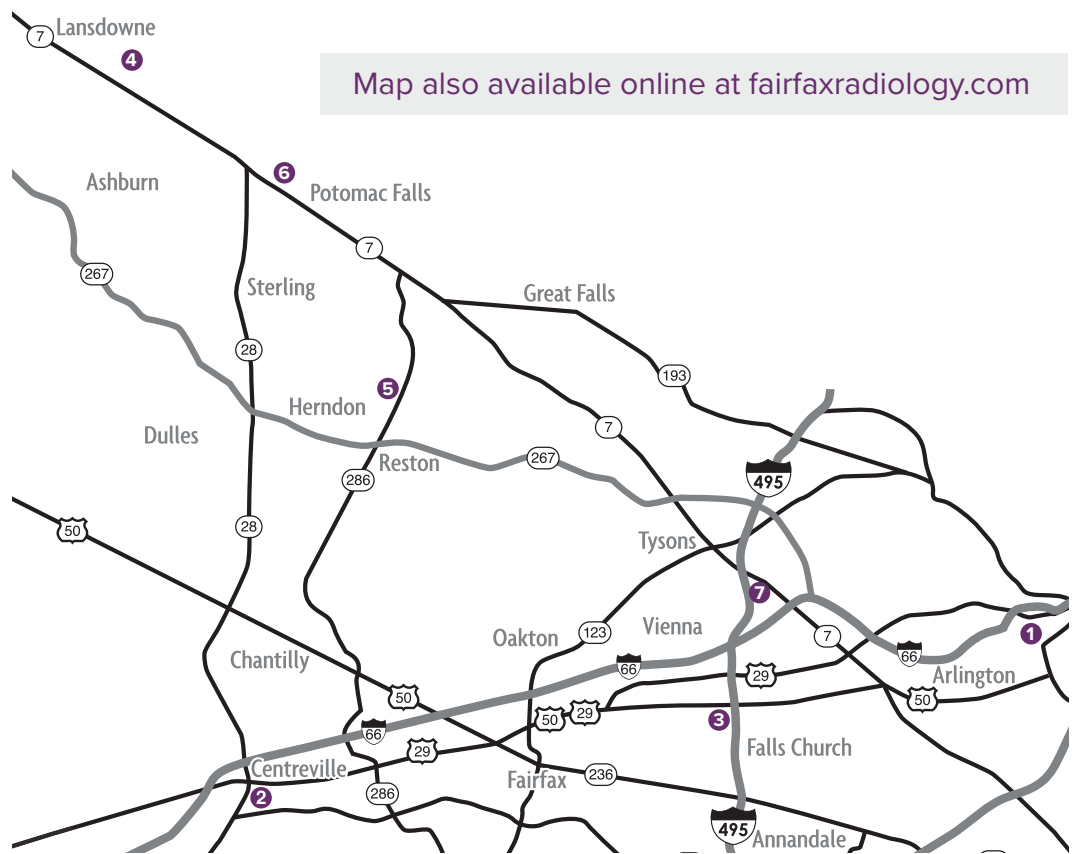
MRI Cardiac

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

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

MAP OF LOCATIONS

- 1 Fairfax Radiology Center of Ballston**
3833 N. Fairfax Drive, Suite 110
Arlington, VA 22203
703.788.8420 — fax: 571.665.6691
* Please see Parking Notes.
- 2 Centreville MRI Center**
6211 Centreville Road, Suite 400M
Centreville, VA 20101
703.204.4411 — fax: 703.961.8318
- 3 Fairfax MRI Center***
8081 Innovation Park Drive
The Pavilion 3rd Floor
Fairfax, VA 22031
703.204.8333 — fax: 571.471.3201
* Please see Parking Notes.
- 4 Fairfax Radiology Center of Lansdowne**
19455 Deerfield Avenue, Suite 102
Lansdowne, VA 20176
703.858.0001 — fax: 703.724.0600
- 5 Reston-Herndon MRI Center**
450 Springpark Place, Suite 100
Herndon, VA 20170
703.481.9400 — fax: 703.481.9408
- 6 Fairfax Radiology Center of Sterling**
4 Pidgeon Hill Drive
Sterling, VA 20165
703.450.5800 — fax: 703.450.0495
- 7 Tysons MRI and Imaging Center**
7799 Leesburg Pike, Suite 104S
Falls Church, VA 22043
703.893.2820 — fax: 703.313.2855
* Please see Parking Notes.



PARKING NOTES

Fairfax Radiology Center of Ballston: Parking is located behind the building.

The parking entrance is located on 10th Street. Look for the sign "Crystal Parking." Please bring your parking ticket inside to be validated.

Fairfax MRI Center: 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.

Tysons MRI and Imaging Center:

- 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.

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.

For additional assistance call 703.893.2820

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.



REFERRAL PAD REORDER FORM

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 # _____

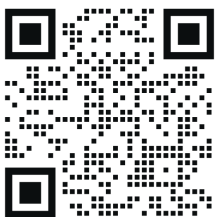
Physician Resources

☐ Accessing Patient Reports and Images Online Guide

☐ PET/CT Exam Instructions

☐ Dental CT Pricing Guide

TO ORDER SUPPLIES:



Scan code to order supplies

or

Fax this form to 703.698.4450 or Call 703.698.4481