MRI EXAM REQUEST

At Fairfax Radiology, We See You Better.™

FAIRFAX RADIOLOGY CENTERS
An Inova partnership

PATIENT SCHEDULING ONLINE AT fairfaxradiology.com
OR BY SCANNING QR CODE →
Phone 703.698.4488 Fax 703.698.0864

QR Code Instructions: Open phone camera, scan code, press link, scheduling website will open

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 _____ ○ Check here to request CD

Additional Physicians to Receive a Report _____

PRE-AUTHORIZATION ASSISTANCE INFORMATION

1. If you would like Fairfax Radiology to obtain pre-authorization, please fax clinical notes to 703.698.8745.
2. If you have already obtained pre-authorization, please provide:
   Pre-authorization # _____
   and ICD-10 Code _____
3. 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 demyeliminating 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 Arthogram**
- ○ **With IV Contrast**
- ○ **Zero Echo Time (ZTE)**
- ○ **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**
  - ○ Pulmonary Vein Mapping
- ○ **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 Vein Mapping
- ○ **Thoracic Outlet**
- ○ **Thoracic Aorta**
- ○ **Abdominal Aorta**
- ○ **Renal**
- ○ **Pelvic**
- ○ **Pelvic and Peripheral Vascular Runoff**
- ○ **Other** (specify) _____

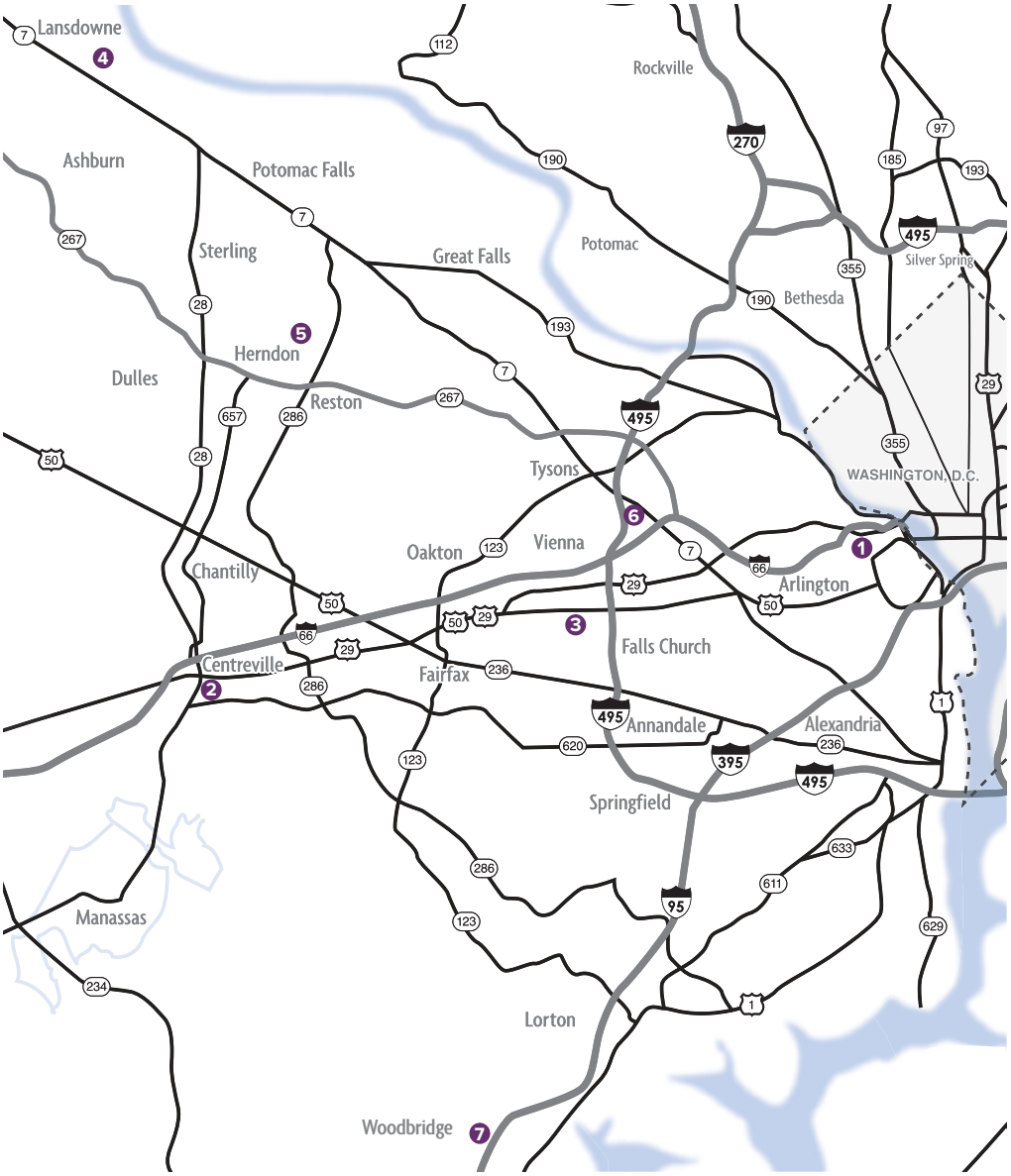
MRI Cardiac

- ○ **Cardiac Morphology**
- ○ **Right Ventricular Dysplasia**
- ○ **MRA Chest**
  - ○ Pulmonary Vein Mapping
- ○ **Congenital Evaluation** (with MRA/Flow)
- ○ **4D Flow**
- ○ **Other** (specify) _____

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

MAP OF LOCATIONS

Map also available online fairfaxradiology.com



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: Free valet parking is available Monday–Friday, 7:00 AM–4:30 PM, in Zone #1 near the main entrance. Self-parking for patients and visitors is also free in the "B" (Orange) Garage at the north end of the campus. Enter via the orange entrance on Level 1, then take the Pavilion elevators to the 3rd floor for MRI services.

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

For safety, children under 12 may not be left in the waiting room without a supervising adult. They may not accompany patients in the exam room. If supervision isn't available, your appointment will be rescheduled. Families of Obstetrical patients will be allowed in the room for a limited period of time, but only when an adult accompanies the minor children.

1 Fairfax Radiology Center of Ballston
3833 N. Fairfax Dr., Suite 110
Arlington, VA 22203
703.788.8420 — fax: 571.665.6691
* Please see Parking Notes.

2 Centreville MRI Center
6211 Centreville Rd., Suite 400M
Centreville, VA 20101
703.204.4411 — fax: 703.961.8318

3 Fairfax MRI Center*
8081 Innovation Park Dr.
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 Ave., Suite 102
Lansdowne, VA 20176
703.858.0001 — fax: 703.724.0600

5 Reston-Herndon MRI Center
450 Springpark Pl., Suite 100
Herndon, VA 20170
703.481.9400 — fax: 703.481.9408

6 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.

7 FRC Advanced Imaging Center Woodbridge
14349 Gideon Dr., Suite 110
Woodbridge, VA 22192
571.495.6940 — fax: 571.290.4000

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

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

FAIRFAX RADIOLOGY CENTERS
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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 # _____
- ○ Fairfax Vascular Center # _____

Physician Resources

- ○ Accessing Patient Reports and Images Online Guide
- ○ Dental CT Pricing Guide
- ○ PET/CT Exam Instructions

TO ORDER SUPPLIES:

Scan code to order supplies

or

Fax this form to 703.698.4450 or Call 703.698.4481