

# MRI EXAM REQUEST

At Fairfax Radiology,  
We See You Better.™



**PATIENT SCHEDULING ONLINE AT [fairfaxradiology.com](https://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) <b>FIRST NAME</b> _____	<b>LAST NAME</b> _____
Physician Signature (Required) _____	Date (Required) _____
NO STAMPED SIGNATURE	
Physician Office Phone _____	
Clinical History/Symptoms _____	<input type="checkbox"/> 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

- |  |   |
|--|---|
| <input type="radio"/> Brain<br><input type="radio"/> Brain Quantification Series | <input type="radio"/> Orbits                |
| <input type="radio"/> IACs   | <input type="radio"/> Sella/Pituitary       |
| <input type="radio"/> Neck (Soft Tissue)   | <input type="radio"/> TMJs                  |
|  | <input type="radio"/> Other (specify) _____ |

## MRA Neck/Head (MR Angiogram)

**Specify Contrast Below:**

- |  |   |
|--|---|
| <input type="radio"/> Neck MRA<br><input type="radio"/> W & W/O <input type="radio"/> W/O      | <input type="radio"/> Head MRV<br><input type="radio"/> W & W/O |
| <input type="radio"/> Head MRA<br><input type="radio"/> W/O                                    | <input type="radio"/> Other MRA (specify) _____                 |
| <input type="radio"/> Head MRA/Only if prior aneurysm coiling<br><input type="radio"/> W & W/O |   |

## MRI Spine

**Contrast:** ☐ W & W/O ☐ W/O

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

- |                                |   |
|--------------------------------|---|
| <input type="radio"/> Cervical | <input type="radio"/> Spinal Survey         |
| <input type="radio"/> Thoracic | <input type="radio"/> Other (specify) _____ |
| <input type="radio"/> Lumbar   |   |

## MRI Musculoskeletal

- |  |   |
|--|---|
| <input type="radio"/> Shoulder _____L _____R | <input type="radio"/> Knee _____L _____R          |
| <input type="radio"/> Elbow _____L _____R    | <input type="radio"/> Ankle _____L _____R         |
| <input type="radio"/> Wrist _____L _____R    | <input type="radio"/> Foot Mid/Fore _____L _____R |
| <input type="radio"/> Hand _____L _____R     | <input type="radio"/> Foot Mid/Hind _____L _____R |
| <input type="radio"/> Bony Pelvis            | <input type="radio"/> Neurogram (specify) _____   |
| <input type="radio"/> Hip _____L _____R      |   |
| <input type="radio"/> With MR Arthrogram     | <input type="radio"/> Zero Echo Time (ZTE)        |
| <input type="radio"/> With IV Contrast       | <input type="radio"/> Other (specify) _____       |

## MRI Breast

- |  |  |
|--|--|
| <input type="radio"/> Breast REQUIRED: Images and Reports (if not done at FRC) | <input type="radio"/> Implant Evaluation Only<br><input type="radio"/> W & W/O <input type="radio"/> W/O |
| <input type="radio"/> Abbreviated Breast MRI<br>Cancer Screening               | <input type="radio"/> MR Guided Biopsy   |
| <input type="radio"/> Abbreviated Breast MRI<br>Implant Evaluation             |  |

Lifetime risk assessment score \_\_\_\_\_% \_\_\_\_\_ model used  
(i.e. IBIS, GAIL, BRCAPRO, etc.)

## MRI Body

**Contrast:** ☐ W & W/O ☐ W/O

- |   |   |
|---|---|
| <input type="radio"/> Brachial Plexus                                       | <input type="radio"/> Liver                 |
| <input type="radio"/> Chest<br><input type="radio"/> Pulmonary Vein Mapping | <input type="radio"/> Iron Deposition       |
| <input type="radio"/> Abdomen   | <input type="radio"/> Elastography          |
| <input type="radio"/> MRCP  | <input type="radio"/> Prostate              |
| <input type="radio"/> Pelvic Floor (Dynamic)                                | <input type="radio"/> Pelvis/Rectal         |
| <input type="radio"/> Pelvis  | <input type="radio"/> Anal Fistula Protocol |
| <input type="radio"/> Enterography  | <input type="radio"/> Rectal Protocol       |
|   | <input type="radio"/> Other (specify) _____ |

## MRA Body (MR Angiogram)

- |   |   |
|---|---|
| <input type="radio"/> Chest<br><input type="radio"/> Pulmonary Vein Mapping | <input type="radio"/> Renal                                 |
| <input type="radio"/> Thoracic Outlet                                       | <input type="radio"/> Pelvic                                |
| <input type="radio"/> Thoracic Aorta  | <input type="radio"/> Pelvic and Peripheral Vascular Runoff |
| <input type="radio"/> Abdominal Aorta                                       | <input type="radio"/> Other (specify) _____                 |

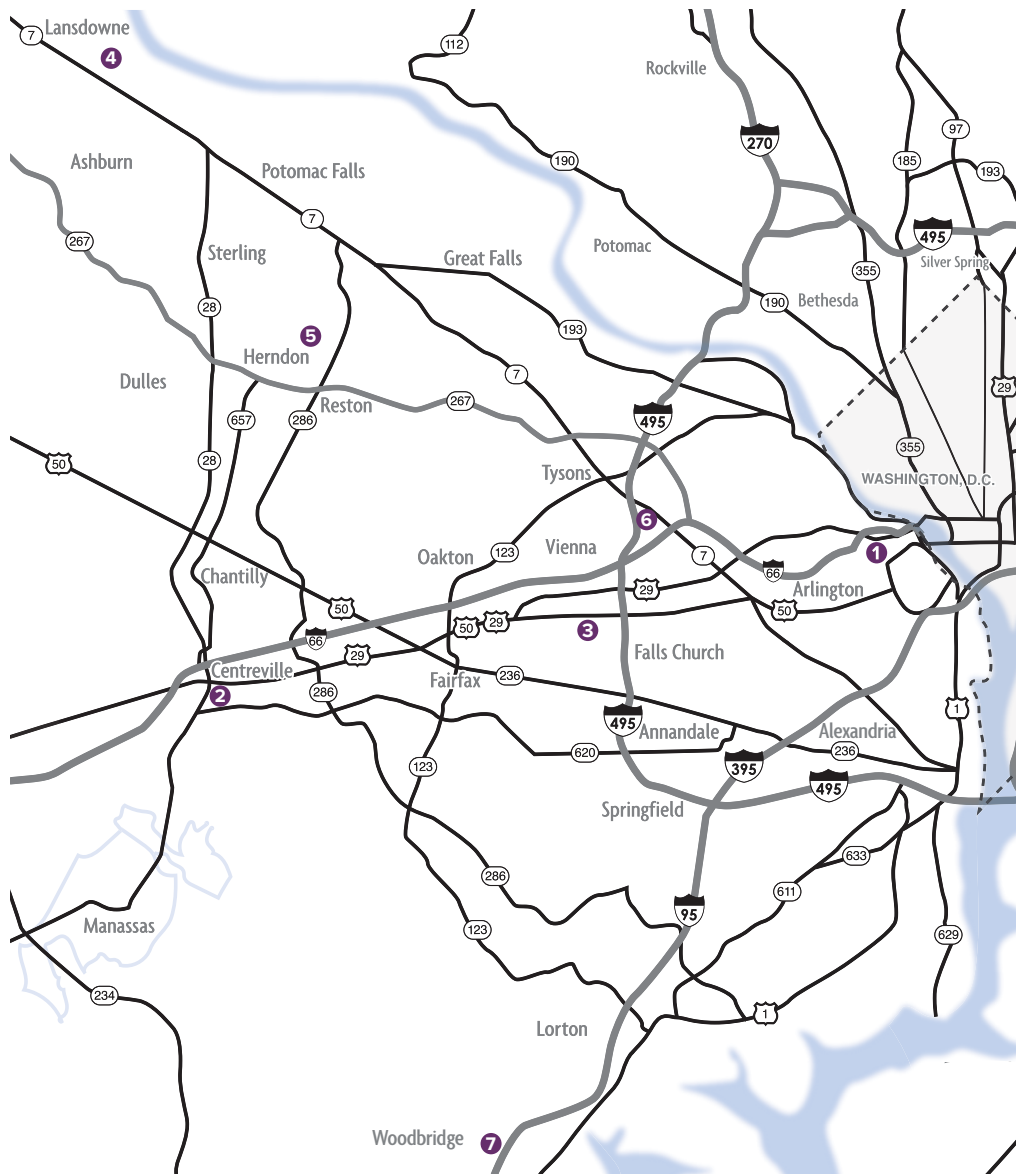
## MRI Cardiac

- |   |   |
|---|---|
| <input type="radio"/> Cardiac Morphology  | <input type="radio"/> Congenital Evaluation (with MRA/Flow) |
| <input type="radio"/> Right Ventricular Dysplasia                               | <input type="radio"/> 4D Flow                               |
| <input type="radio"/> MRA Chest<br><input type="radio"/> Pulmonary Vein Mapping | <input type="radio"/> Other (specify) _____                 |

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

# MAP OF LOCATIONS

Map also available online [fairfaxradiology.com](http://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:** 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

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 3<sup>rd</sup> 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:



## 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

☐ 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