

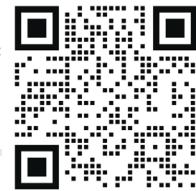


PATIENT SCHEDULING ONLINE AT fairfaxradiology.com

OR BY SCANNING QR CODE

Phone 703.698.4488 Fax 703.698.0864

You must bring this prescription with you to your exam.



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

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

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

MRA Neck/Head (MR Angiogram)

Specify Contrast Below:

<input type="radio"/> Neck MRA	<input type="radio"/> Head MRV
<input type="radio"/> W & W/O	<input type="radio"/> W & W/O
<input type="radio"/> Head MRA	<input type="radio"/> Other MRA (specify) _____
<input type="radio"/> Head MRA/Only if prior aneurysm coiling	<input type="radio"/> _____
<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
<input type="radio"/> Abbreviated Breast MRI Cancer Screening	<input type="radio"/> W & W/O
<input type="radio"/> Abbreviated Breast MRI Implant Evaluation	<input type="radio"/> MR Guided Biopsy

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	<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	<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) _____

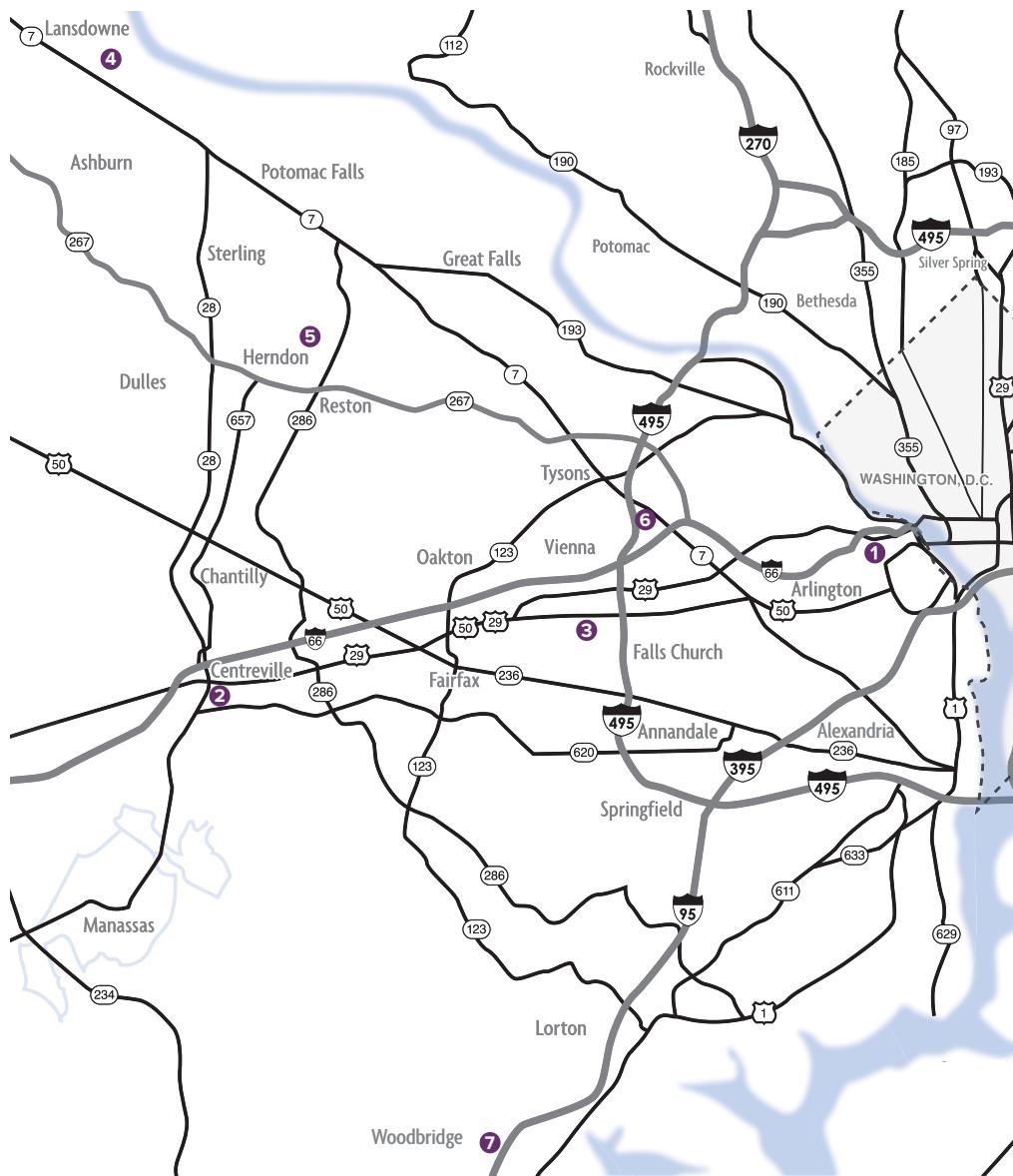
MRI Cardiac

<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	<input type="radio"/> Other (specify) _____
<input type="radio"/> Pulmonary Vein Mapping	

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

MAP OF LOCATIONS

Map also available online fairfaxradiology.com



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](#).

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.

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

<input type="radio"/> Breast Imaging # _____	<input type="radio"/> Nuclear Medicine # _____
<input type="radio"/> Dental CT # _____	<input type="radio"/> Pain Management # _____
<input type="radio"/> Thyroid FNA # _____	<input type="radio"/> PET/CT # _____
<input type="radio"/> MRI # _____	<input type="radio"/> 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