



PATIENT SCHEDULING 703.698.4488

Fax 703.698.0864
Schedule online at fairfaxradiology.com

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_____

Additional Physicians to Receive a Report _____

FOR PRE-AUTHORIZATION ASSISTANCE BY FAIRFAX RADIOLOGY PLEASE COMPLETE:

ICD-10 Code: _____
Please fax clinical notes to: 703.698.8745 • Questions: 703.752.7793

	TAX ID	NPI
Fairfax Radiology Center at Prosperity	54-0846558	1114902509

Nuc Med Skeletal

Please bring pertinent X-rays for all Bone Scans

☐ Whole Body☐ Limited (specify area)_____

☐ 3 Phase (specify area)_____

☐ SPECT/CT (specify area)_____

Nuc Med Endocrine

☐ Thyroid (Uptake & Scan)☐ Other_____

☐ Parathyroid SPECT/CT_____

Nuc Med Tumor/Infection

☐ Gallium (specify area)_____

☐ I-123 MIBG SPECT/CT Scan

☐ Octreoscan SPECT/CT

☐ White Blood Cell Scan

☐ Ceretec

☐ Indium (specify area)_____

☐ Other_____

Nuc Med CNS

☐ Brain Perfusion SPECT/CT

☐ DaT (Brain SPECT Scan)
To schedule a DaTscan, please call 703.698.4442

Nuc Med Gastrointestinal

☐ Gastric Emptying

☐ Hemangioma (SPECT/CT)

☐ Hepatobiliary (HIDA)

☐ With CCK for Ejection Fraction

☐ Without CCK for Bile Leak

☐ Meckel's Diverticulum

☐ Liver/Spleen

Nuc Med Genitourinary


☐ Renal Scan

☐ With Lasix

☐ Without Lasix for Carcinoma

LOCATION MAP





Fairfax Radiology Center at Prosperity
8503 Arlington Blvd., Suite LL-100, Fairfax, VA 22031
Special entrance and parking on north side of building facing Route 50.

EXAM PREPARATION INSTRUCTIONS

- Bone Scan/ Parathyroid** – No mandatory preparation. Encourage fluid consumption prior to exam. Bring all relevant past X-rays.

Hepatobiliary Scan (with or without CCK) – Do not consume food or drink, including medication, for 6 HOURS prior to exam.

Gastric Emptying – Do not consume food or drink, including medication, for 6 HOURS prior to exam. NOTE: For SOLID gastric emptying exam, bring 2 pieces of buttered toast to your appointment.
- Thyroid Uptake (Uptake and Scan)** – Do not consume food or drink, including medication, for 6 HOURS prior to exam. No seafood and/or vitamins for 2 DAYS prior to exam.

Renal Scan – Drink extra fluids prior to exam.

● Appointment Date: _____

● Appointment Time: _____

For more information visit fairfaxradiology.com



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 # _____

☐ Nuclear Medicine # _____

☐ Dental CT # _____

☐ Pain Management # _____

☐ Thyroid FNA # _____

☐ PET/CT # _____

☐ MRI # _____

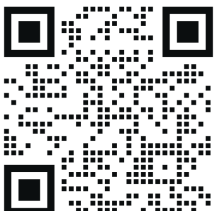
Physician Resources

☐ 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