



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 # _____

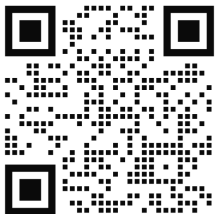
MRI # _____ Fairfax Vascular Center # _____

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