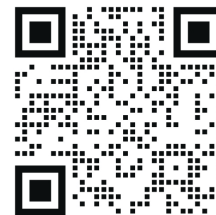


**PATIENT SCHEDULING 703.698.4488**

Fax 703.698.0864

Schedule online at fairfaxradiology.com**SCHEDULE
YOUR EXAM****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 PLEASE CALL 703.698.4367 • FAX CLINICAL NOTES TO 703.698.8745**Mammography****3D Breast Tomosynthesis is available to all patients.**

- ☐ **Screening Mammogram 3D Tomosynthesis**
(Asymptomatic) If indicated
Diagnostic Mammogram/
Breast Ultrasound
- ☐ **Diagnostic Mammogram 3D Tomosynthesis**
(Symptomatic) If indicated
Breast Ultrasound

☐ **Other** _____**Ultrasound**

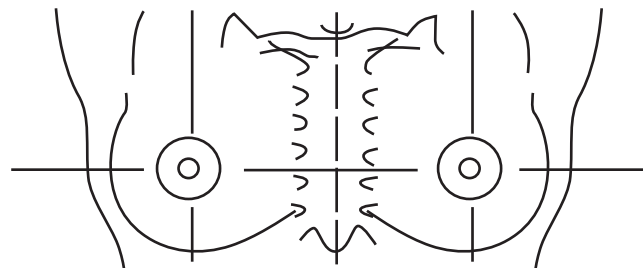
- ☐ **Diagnostic Breast Ultrasound** PRN Diagnostic Mammogram
☐ Left (_____ o'clock) ☐ Right (_____ o'clock)
- ☐ **Complete Breast Ultrasound Screening (CBUS)**
PRN Screening Mammogram/Diagnostic Mammogram/
Diagnostic Breast Ultrasound

Bone Density

- ☐
- Osteoporosis Survey (DXA)**

Important Instructions

- **Bring this prescription with you to your exam.**
- Bring previous Mammograms, if performed elsewhere.
- On the day of the exam, DO NOT use deodorant, perfume, or powder on your underarms or breasts.
- Wear a two-piece outfit for your convenience.



Please mark locations for closer examination.

Breast MRI

- ☐ **Breast**
REQUIRED: Prior images and
Report (if not done at FRC or INOVA)
- ☐ **Implant Evaluation Only**
- ☐ **MR Guided Biopsy**

Breast Interventional Procedures

- ☐ **Stereotactic Biopsy** PRN US Guided Biopsy/Cyst Aspiration
☐ Left (_____ o'clock) ☐ Right (_____ o'clock)
- ☐ **Ultrasound Guided Biopsy** PRN Stereotactic/Cyst Aspiration
☐ Left (_____ o'clock) ☐ Right (_____ o'clock)
- ☐ **Cyst Aspiration** PRN Core Biopsy US Guided/Stereotactic
☐ Left (_____ o'clock) ☐ Right (_____ o'clock)

Diagnostic (X-ray)

- ☐ **Chest** ☐ **Other**
☐ PA & LAT ☐ PA Only _____

Symptoms: _____

Also available online at fairfaxradiology.com



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.

If you have young children, please make arrangements for childcare before your exam date. Children are not allowed in the examination room and may not be left in the waiting room unattended.

- 1 Fairfax Radiology Breast Center of Fairfax**
8260 Willow Oaks Corporate Dr., Suite 200
Fairfax, VA 22031
703.698.4455 — fax: 703.205.9884
Please see Parking Notes above
 - 2 Fairfax Radiology Breast Center of Loudoun**
Peterson Family Breast Center
19465 Deerfield Ave., Suite 105
Lansdowne, VA 20176
703.788.8426 — fax: 571.382.6587
 - 3 Fairfax Radiology Center of Alexandria**
1600 N Beauregard St., Suite 200
Alexandria, VA 22311
571.495.6920 — fax: 571.297.1884
 - 4 Fairfax Radiology Center of Ballston**
3833 N. Fairfax Dr., Suite 110, Arlington, VA 22203
703.788.8420 — fax: 571.665.6691
 - 5 Fairfax Radiology Center of Centreville**
6211 Centreville Rd., Suite 400
Centreville, VA 20121
703.204.4411 — fax: 703.961.8318
 - 6 Fairfax Radiology Center of Fairfax City**
3801 University Dr. #120 (CT, US), #130 (X-ray, Mammogram, DXA)
Fairfax, VA 22030
703.698.4467 — fax: 703.788.8422
 - 7 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 above
 - 8 Fairfax Radiology Center of Reston-Herndon**
450 Springpark Place, Suite 100
Herndon, VA 20170
703.481.9400 — fax: 703.481.9408
 - 9 Reston-Herndon MRI Center**
450 Springpark Place, Suite 100
Herndon, VA 20170
703.481.9400 — fax: 703.481.9408
 - 10 Fairfax Radiology Center of Springfield**
5510 Alma Lane, Suite 100, Springfield, VA 22151
703.698.4485 — fax: 703.750.0302
Entrance and parking in rear of building on Hempstead Way.
 - 11 Fairfax Radiology Center of Vienna**
115 Park St., SE, Suite 203, Vienna, VA 22180
703.698.4456 — fax: 703.242.4474
 - 12 Fairfax Radiology Center of Woodbridge**
4001 Prince William Parkway, Suite 302
Woodbridge, VA 22192
571.495.6930 — fax: 571.297.1885

● 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 | # _____ | | |

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