

FAIRFAX RADIOLOGY EXAM REQUEST

At Fairfax Radiology,
We See You Better.™



PATIENT SCHEDULING ONLINE AT 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) **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 Centers, LLC (IFRC)	32-0611800	1508405317
Tyson's MRI and Imaging Center	26-4587374	1972838993

CT Scan – Neuro

Specify IV Contrast ☐ Yes ☐ No ☐ Contrast Per Clinical Indication

- | | |
|--|--|
| <input type="radio"/> Head | <input type="radio"/> Neck (Soft Tissue) |
| <input type="radio"/> Facial Bones | <input type="radio"/> C-Spine |
| <input type="radio"/> Orbits | <input type="radio"/> T-Spine |
| <input type="radio"/> Sinus | <input type="radio"/> L-Spine |
| <input type="radio"/> CT Surgical Navigation | <input type="radio"/> Temporal Bone/Middle Ear |
| Medtronic, Stryker, Other _____ | <input type="radio"/> Other _____ |

CT Angiography (CTA) – Neuro

IV Contrast Required

- | | |
|--|--|
| <input type="radio"/> Intracranial
(Circle of Willis or Aneurysm) | <input type="radio"/> CT Venogram–Intracranial |
| <input type="radio"/> CTA Carotid/Neck (Great Vessels) | <input type="radio"/> CT Venogram–Neck |
| | <input type="radio"/> Other _____ |

CT Scan – Body

Specify IV Contrast ☐ Yes ☐ No ☐ Contrast Per Clinical Indication

- | | |
|--|---|
| <input type="radio"/> Chest
<input type="radio"/> Routine <input type="radio"/> High Resolution
<input type="radio"/> SuperD <input type="radio"/> Lung Screening ** | <input type="radio"/> Kidney Stone Screening |
| <input type="radio"/> PE Study (Pulmonary CTA) | <input type="radio"/> 3D Virtual Colonoscopy *
<input type="radio"/> Diagnostic (symptomatic)
<input type="radio"/> Screening (asymptomatic) ** |
| <input type="radio"/> Abdomen *
<input type="radio"/> Specify ORAL Contrast <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Extremities (Specify) _____ |
| <input type="radio"/> Pelvis *
<input type="radio"/> Specify ORAL Contrast <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> CT Small Bowel Enterography
<input type="radio"/> IBD <input type="radio"/> Anemia/Mass |
| <input type="radio"/> Triphase – Adrenal | <input type="radio"/> Calcium Scoring (Heart Scan) ** |
| <input type="radio"/> Triphase – Liver | <input type="radio"/> Whole Body Scan * **
<input type="radio"/> Screening
<input type="radio"/> Multiple Myeloma |
| <input type="radio"/> Triphase – Pancreas | <input type="radio"/> Other _____ |
| <input type="radio"/> Triphase – Renal Mass | |
| <input type="radio"/> CT Urogram/IVP | |

CT Venogram (CTV) – Body

IV Contrast Required

- | | |
|--------------------------------------|-----------------------------------|
| <input type="radio"/> Abdomen CTV | <input type="radio"/> Other _____ |
| <input type="radio"/> Abd/pelvis CTV | |

CT Angiography (CTA) – Body

IV Contrast Required

- | | |
|---|---|
| <input type="radio"/> 3D Heart Scan/Coronary Arteries/FFR _{CT} (if needed) | <input type="radio"/> Abd/Pelvis CTA |
| <input type="radio"/> CT Heart
<input type="radio"/> Pulmonary Vein Mapping
<input type="radio"/> Other _____ | <input type="radio"/> Renal Arteries |
| <input type="radio"/> PE Study (Pulmonary CTA) | <input type="radio"/> PRE-TAVR (chest/abd/pelvis CTA) |
| <input type="radio"/> Thoracic Aorta | <input type="radio"/> POST-TAVR CT HEART |
| <input type="radio"/> Abdominal Aorta | <input type="radio"/> Lower Extremity Runoff |
| | <input type="radio"/> Lower Extremity CTA |
| | <input type="radio"/> Upper Extremity CTA |
| | <input type="radio"/> Other _____ |

Bone Densitometry

- ☐ Osteoporosis Survey (DXA)

Breast Imaging

3D Breast Tomosynthesis is available to all patients.

- | | |
|---|---|
| <input type="radio"/> Screening Mammogram 3D Tomosynthesis (Asymptomatic)
If indicated Diagnostic Mammogram/Breast Ultrasound | |
| <input type="radio"/> Diagnostic Mammogram 3D Tomosynthesis (Symptomatic)
If indicated Breast Ultrasound | |
| <input type="radio"/> Diagnostic Breast Ultrasound
PRN Diagnostic Mammogram | <input type="radio"/> Core Biopsy PRN Cyst Aspiration
<input type="radio"/> Left (____ o'clock) <input type="radio"/> Right (____ o'clock) |
| <input type="radio"/> Complete Breast Ultrasound (CBUS) | <input type="radio"/> Stereotactic/PRN US Guided |
| <input type="radio"/> Cyst Aspiration PRN Core Biopsy
<input type="radio"/> Left (____ o'clock) <input type="radio"/> Right (____ o'clock) | <input type="radio"/> US Guided/PRN Stereotactic |
| | <input type="radio"/> Axillary Lymph Node Biopsy/FNA |
| | <input type="radio"/> Other _____ |

Ultrasound

- | | |
|--|--|
| <input type="radio"/> AAA | <input type="radio"/> Thyroid/Parathyroid Ultrasound |
| <input type="radio"/> Abdominal | <input type="radio"/> Lymph Node Mapping |
| <input type="radio"/> Limited Study for Hernia | <input type="radio"/> PRN FNA |
| <input type="radio"/> Aorta | <input type="radio"/> Thyroid FNA |
| <input type="radio"/> Duplex/Carotid | <input type="radio"/> Arterial Doppler (Specify) _____ |
| <input type="radio"/> OB/Transvaginal/PRN
<input type="radio"/> Transvaginal Only
<input type="radio"/> Biophysical Profile/with Doppler | <input type="radio"/> MSK _____ |
| <input type="radio"/> Pelvic with Transvaginal | <input type="radio"/> MSK US-Guided Intervention |
| <input type="radio"/> Pelvic NO Transvaginal | |
| <input type="radio"/> Pelvic Transvaginal Only | <input type="radio"/> Venous Doppler
(Specify) _____ |
| <input type="radio"/> Prostate Transabdominal
(gland size plus bladder) | <input type="radio"/> Palpable finding (Specific Location) _____ |
| <input type="radio"/> Scrotum/PRN Doppler | |
| <input type="radio"/> Urinary Tract Renal/Bladder | |

Diagnostic X-ray

No appointment necessary – see reverse side for walk-in locations.
Please check with the center for walk-in X-ray hours.

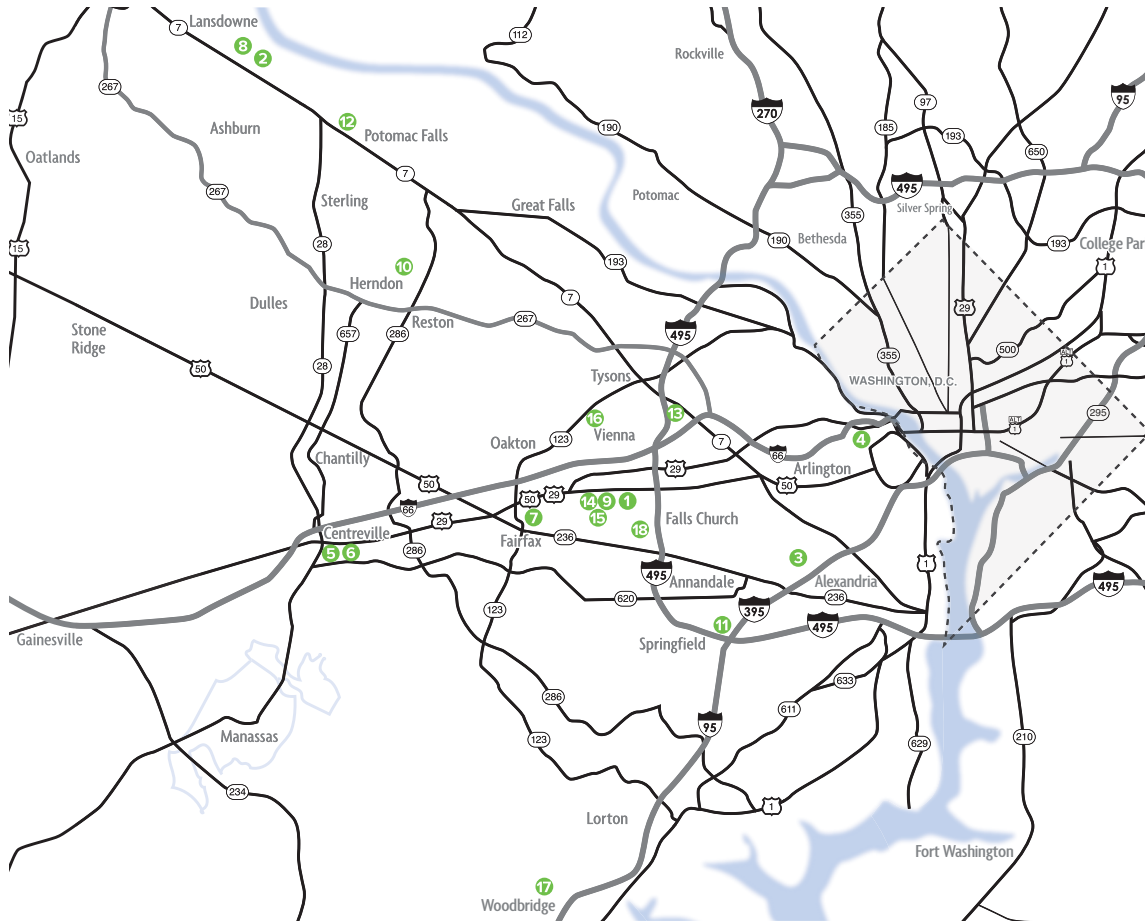
- | | |
|--|--|
| <input type="radio"/> Abdomen <input type="radio"/> Flat <input type="radio"/> Flat & Erect | <input type="radio"/> Extremities |
| <input type="radio"/> Chest <input type="radio"/> PA & LAT <input type="radio"/> PA Only | <input type="radio"/> Shoulder _____L _____R |
| <input type="radio"/> Ribs _____L _____R
<input type="radio"/> Ribs for trauma to incl. PA Chest | <input type="radio"/> Elbow _____L _____R |
| <input type="radio"/> AP Pelvis | <input type="radio"/> Forearm _____L _____R |
| <input type="radio"/> Skull | <input type="radio"/> Wrist _____L _____R |
| <input type="radio"/> Sinuses | <input type="radio"/> Hand _____L _____R |
| <input type="radio"/> Waters View | <input type="radio"/> Leg Length _____L _____R |
| <input type="radio"/> Scoliosis (Reston, Springfield, Woodburn, Prosperity and Lansdowne) | <input type="radio"/> Hip _____L _____R |
| <input type="radio"/> Spine
<input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar
<input type="radio"/> Sacrum/Coccyx | <input type="radio"/> Humerus _____L _____R |
| | <input type="radio"/> Knee _____L _____R |
| <input type="radio"/> Metastatic Bone Survey
Appointment Necessary | <input type="radio"/> Ankle _____L _____R |
| | <input type="radio"/> Foot _____L _____R |
| | <input type="radio"/> Calcaneus/Heel _____L _____R |
| | <input type="radio"/> Other _____ |

* Preparation must be obtained from our centers prior to exam. ** Please be aware that many insurance plans do not cover these procedures; therefore, payment will be requested at the time of service.

MAP OF LOCATIONS

Also available online at fairfaxradiology.com

FRC | 60 YEARS of EXCELLENCE



Parking Notes

Please visit fairfaxradiology.com for parking directions.

* Walk-In

Walk-In patients welcome for X-ray (plain films) only. Please arrive 30 minutes before closing time. All other exams need to be scheduled.

Other Notes

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
Reserved parking is on the Pink/C level.

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 Centreville MRI Center

6211 Centreville Rd., Suite 400M
Centreville, VA 20121
703.204.4411 — fax: 703.961.8318

7 Fairfax Radiology Center of Fairfax City *

3801 University Dr.
Suite 120 (CT, US), Suite 130 (X-ray, Mammo, DXA)
Fairfax, VA 22030
703.698.4467 — fax: 703.788.8422

8 Fairfax Radiology Center of Lansdowne *

19455 Deerfield Ave., Suite 102
Lansdowne, VA 20176
703.858.0001 — fax: 703.724.0600

9 Fairfax Radiology Center at Prosperity *

8503 Arlington Blvd.
Suite LL-100 (US, X-ray, Nuc Med)
Suite LL-110 (CT)
Fairfax, VA 22031
703.698.9600 — fax: 703.698.5609
Special entrance and parking on north side of building facing Route 50.

10 Fairfax Radiology Center of Reston-Herndon *

450 Springpark Pl., Suite 100
Herndon, VA 20170
703.481.9400 — fax: 703.481.9408

11 Fairfax Radiology Center of Springfield *

5501 Backlick Rd., Suite 305
Springfield, VA 22151
703.698.4485 — fax: 703.750.0302

12 Fairfax Radiology Center of Sterling *

4 Pidgeon Hill Dr., Sterling, VA 20165
703.450.5800 — fax: 703.450.0495

13 Tysons MRI and Imaging Center *

7799 Leesburg Pike, Suite 104S
Falls Church, VA 22043
703.893.2820 — fax: 703.313.2855

14 Fairfax Radiology Ultrasound Center

8503 Arlington Blvd., Suite LL-100
Fairfax, VA 22031
703.698.4498 — fax: 703.280.1566
Special entrance and parking on north side of building facing Route 50.

15 Fairfax Radiology Vascular Center

8505 Arlington Blvd., Suite 400
Fairfax, VA 22031
703.698.4475 — fax: 703.573.4237

16 Fairfax Radiology Center of Vienna

115 Park St., SE, Suite 203
Vienna, VA 22180
703.698.4456 — fax: 703.242.4474

17 Fairfax Radiology Center of Woodbridge *

4001 Prince William Parkway, Suite 302
Woodbridge, VA 22192
571.495.6930 — fax: 571.297.1885

18 Fairfax Radiology Center at Woodburn *

3299 Woodburn Rd., Suite 110
Annandale, VA 22003
703.849.9050 — fax: 703.698.4491

● 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 # _____

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